



C.L. "BUTCH" OTTER - Governor RICHARD M. ARMSTRONG - Director DEBBY RANSOM, R.N., R.H.I.T - Chief BUREAU OF FACILITY STANDARDS 3232 Elder Street P.O. Box 83720 Boise, Idaho 83720-0036 PHONE: (208) 334-6626 FAX: (208) 364-1888 E-mail: (sb@dhw.idaho.gov

CERTIFIED MAIL: 7009 0820 0000 2807 2115

April 7, 2011

Heather Davis, Administrator Home Again ICF 2311 Aruba Drive Nampa, ID 83686

RE: Home Again ICF, Provider 13G078

Dear Ms. Davis

On March 28, 2011, a follow-up of your facility was conducted to verify corrections of deficiencies noted during the survey of February 14, 2011. Base on the follow up survey, we have determined that Home Again ICF is out of compliance with the Medicaid Intermediate Care Facility for People with Mental Retardation (ICF/MR) Conditions of Participation on (42 CFR 483.410): Governing Body and Management, (42 CFR 483.450): Client Behavior & Facility Practices, and (42 CFR 483.470): Physical Environment. To participate as a provider of services in the Medicaid program, an ICF/MR must meet all of the Conditions of Participation established by the Secretary of Health and Human Services.

The deficiencies which caused this Condition to be unmet, substantially limit the capacity of Home Again ICF to furnish services of an adequate level or quality. The deficiencies are described on the enclosed Statement of Deficiencies/Plan of Correction (CMS-2567). A similar form indicates State Licensure deficiencies.

You have an opportunity to make corrections of those deficiencies, which led to the finding of non-compliance with the Conditions of Participation referenced above by submitting a written Credible Allegation of Compliance/Plan of Correction.

<u>It is important</u> that your Credible Allegation/Plan of Correction address each deficiency in the following manner:

- 1. What corrective action(s) will be accomplished for those individuals found to have been affected by the deficient practice;
- 2. How you will identify other individuals having the potential to be affected by the same deficient practice and what corrective action(s) will be taken;
- 3. What measures will be put in place or what systemic change you will make to ensure that the deficient practice does not recur;

- 4. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place; and,
- 5. Include dates when corrective action will be completed.

Sign and date the form(s) in the space provided at the bottom of the first page.

Such corrections must be achieved and compliance verified by this office, before May 14, 2011. <u>To allow time for a revisit to verify corrections prior to that date, it is important that the completion dates on your Credible Allegation/Plan of Correction show compliance no later than May 3, 2011.</u>

Please complete your Allegation of Compliance/Plans of Correction and submit to this office by **April 20**, **2011**.

Failure to correct the deficiencies and achieve compliance will result in our recommending that the Medicaid Agency terminate your approval to participate in the Medicaid Program. If you fail to notify us, we will assume you have not corrected.

Your copy of a Post-Certification Revisit Report, Form CMS-2567B, listing deficiencies that have been corrected is enclosed.

Be advised, that, consistent with IDAPA 16.05.03.300, you are entitled to request an administrative review regarding the issuance of the provisional license. To be entitled to an administrative review, you must submit a written request by May 5, 2011. The request must state the grounds for the facility's contention of the issuance of the provisional license. You should include any documentation or additional evidence you wish to have reviewed as part of the administrative review.

Your written request for administrative review should be addressed to:

Randy May, Deputy Administrator Division of Medicaid -- DHW PO Box 83720 Boise, ID 83720-0036 Phone: (208)364-1804

Fax: (208)364-1811

If you fail to submit a timely request for administrative review, the Department of Health and Welfare's decision to issue the provisional license becomes final. Please note that issues, which are not raised at an administrative review, may not be later raised at higher level hearings (IDAPA 16.05.03.301).

You have one opportunity to question cited deficiencies through an informal dispute resolution process. To be given such an opportunity, you are required to send your written request and all required information as directed in the State Informal Dispute Resolution (IDR) Process which can be found on the Internet at:

www.icfmr.dhw.idaho.gov

Scroll down until the Program Information heading on the right side is visible and there are three IDR selections to choose from.

This request must be received by April 20, 2011. If a request for informal dispute resolution is received after April 20, 2011 the request will not be granted. An incomplete informal dispute resolution process will not delay the effective date of any enforcement action.

We urge you to begin correction immediately. If you have any questions regarding this letter or the enclosed reports, please contact me at (208)334-6626.

Sincerely,

MICHAEL CASE Health Facility Surveyor Non-Long Term Care NICOLE WISENOR Co-Supervisor

Non-Long Term Care

MC/srm Enclosures

PRINTED: 04/07/2011 FORM APPROVED OMB NO. 0938-0391

| | OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | ` ' | TIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED | |
|--------------------------|--|--|---------------------|---|------------------------------------|--|
| | | | A. BUILD | | R-C | |
| | | 13G078 | B. WING | | 03/28/2011 | |
| NAME OF P | ROVIDER OR SUPPLIER | | s | TREET ADDRESS, CITY, STATE, ZIP CODE 2311 ARUBA DRIVE NAMPA, ID 83686 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRI (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY) | HOULD BE COMPLETION PROPRIATE DATE | |
| {W 000} | The following deficition follow up survey. The survey was considered Case, LSW Barbara Dern, QMF Taylor Barkley, Factoristruction | encies were cited during the nducted by: //, QMRP, Team Leader | (W 000 | See Pland Corrections | | |
| w 102 | report are: ABC - Antecedent, ADHD - Attention D AQMRP - Assistant Professional BID - Twice Daily CPI - Crisis Preven intervention system restraint FAS - Fetal Alcohol HRC - Human Righ ICF/MR - Intermedi with Mental Retard IDT - Interdisciplina IEP - Individual Edu IPP - Individual Pro NOS - Not Otherwis ODD - Oppositiona PBSP - Positive Be PSR - Psychosocia PTSD - Post Traum QMRP - Qualified M Professional RSM - Resident Se 483.410 GOVERNI | Behavior, Consequence reficit Hyperactive Disorder requalified Mental Retardation tion Intervention - a behavioral which includes physical Syndrome rests Committee rests Care Facility for Persons reation regram Plan regram Plan rese Specified I Defiant Disorder restrict Support Plan I Rehabilitation restrict Stress Disorder Mental Retardation rvice Manger | W 10 | 201 | | |
| , 8. | MANAGEMENT The facility must en | sure that specific governing | | | | |
| ABORATOR | Y DIRECTOR'S OR PROVI E | DER/SUPPLIER REPRESENTATIVE'S SIGN | NATURE | TITHE | (X6) DATE | |

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | | TIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED | |
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| | | | A. BUI | LDII | NG | R | -C |
| | | 13G078 | B. WIN | ۹G _ | TYPOST. | | 8/2011 |
| NAME OF PROVIDER OR SUPPLIER HOME: AGAIN ICF | | | | ; | REET ADDRESS, CITY, STATE, ZIP CODE 2311 ARUBA DRIVE NAMPA, ID 83686 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFI TAG | | PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY) | ULD BE | (X5) COMPLETION DATE |
| W 102 | | ge 1 nent requirements are met. | W 1 | 102 | | | |
| W 104 | Based on observati interviews, and a re compliance history, governing body faile identified and resolv serious and recurre individuals' behavio impacted. The find 1. Refer to W266 - Client Behavior and to the facility's failur to manage inappropution of the serious and closely monitor cited at W266 during the serious and closely monitor cited at W2 | it was determined the facility's ed to take actions that wed systematic problems of a ent nature. As a result, ral services were negatively ings include: Condition of Participation: I Facility Practice as it relates to ensure techniques used priate behavior were ed, consistently implemented, red. The facility was previously to the annual recertification the complaint survey dated | W 1 | 104 | | | |
| | This STANDARD is Based on observati interviews, and a re compliance history, governing body faile identified and resoluthe individuals resid | must exercise general policy, ing direction over the facility. s not met as evidenced by: on, record review, staff view of the facility's it was determined the facility's ed to take actions that wed systematic problems for ling at the facility. This failure of 4 individuals reviewed | | | | | |

(X1) PROVIDER/SUPPLIER/CLIA

PRINTED: 04/07/2011 FORM APPROVED OMB NO. 0938-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) | | (X1) PROVIDER/SUPPLIER/CLIA (X2) IDENTIFICATION NUMBER: A. BL | | | LE CONSTRUCTION | (X3) DATE SURVEY COMPLETED | |
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| | | 13G078 | B. WIN | G | | 03/28 | -C 3/2011 |
| NAME OF PR | OVIDER OR SUPPLIER | | | 23′ | EET ADDRESS, CITY, STATE, ZIP CODE 11 ARUBA DRIVE AMPA, ID 83686 | | |
| (X4) ID PREFIX TAG | X (EACH DEFICIENCY MUST BE PRECEDED BY FULL | | ID PREFI TAG | | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | | (X5) COMPLETION DATE |
| | negatively impact 8 - #8) residing at the in a lack of accurate assessments, approduced assessments, approduced assessments, approduced assessment and in programs, and approvided to parents consent decisions. Cited at W124 durind atted 4/23/10. The provide sufficient opfacility to ensure conserviously cited at V recertification dated survey dated 2/14/1 to provide sufficient facility to ensure conserviously cited at V recertification dated survey dated 2/14/1 to provide sufficient facility to ensure conserviously cited at V recertification dated survey dated 2/14/1 to provide sufficient facility to ensure considered and coninformation. The facility to ensure be completed and the conformation. The facility during the arrow at 123/10 and the control of past decreased as a conformation of past decreased as a confo | of 8 individuals (Individuals #1 facility. This failure resulted and comprehensive opriate objectives, inplementation of training repriate monitoring of services. It relates to the facility's efficient information was fuguardians on which to base. The facility was previously in the annual recertification is governing body failed to be previously of the annual received sufficient redination. The facility was previously in the annual factorial than the complaint of the facility is and the complaint of the facility is the previous of past deficiencies. It relates to the facility is a previous of past deficiencies. It relates to the facility is the facility is the previous of past deficiencies. It relates to the facility is the previous of past deficiencies. It relates to the facility is the previous of past deficiencies of past deficiencies in the facility was previously cited at annual recertification dated in plaint survey dated 2/14/11. It is failed to provide sufficient over the facility to ensure | W 1 | 04 | | | |

| | OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | ` ' | PLE CONSTRUCTION | | (X3) DATE SURVEY COMPLETED | |
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| | | | A. BUILDING | | R | -c | |
| | | 13G078 | B. WING | | 03/28 | 8/2011 | |
| HOME A | ROVIDER OR SUPPLIER | | 23 | EET ADDRESS, CITY, STATE, ZIP CODE 311 ARUBA DRIVE AMPA, ID 83686 | | | |
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| W 104 | Continued From pa | - | W 104 | | | | |
| | previously cited at N recertification dated survey dated 2/14/1 to provide sufficient | their needs. The facility was W227 during the annual 4/23/10 and the complaint 1. The governing body failed toperating direction over the prection of past deficiencies. | The state of the s | | | | |
| | failure to ensure ap behaviors were idea behavior intervention previously cited at N survey dated 2/14/2 | s it relates to the facility's propriate replacement ntified and incorporated into on programs. The facility was W239 during the complaint 11. The governing body failed toperating direction over the | average. | | | | |
| | facility to ensure co | rrection of past deficiencies. s it relates to the facility's | Assessment | | | | |
| | determine the effication. The facility was pretented the complaint survey governing body failed. | ta was collected sufficiently to acy of intervention strategies. Viously cited at W252 during by dated 2/14/11. The led to provide sufficient over the facility to ensure deficiencies. | and a second of the second of | | | | |
| | failure to ensure resimplemented only virights committee. cited at W262 during 2/14/11. The government of the cited at was a supplementation of th | s it relates to the facility's strictive interventions were with the approval of the human The facility was previously ag the complaint survey dated rning body failed to provide direction over the facility to f past deficiencies. | | | | | |
| p ^e | failure to ensure re- implemented only v consent of the pare | s it relates to the facility's strictive interventions were with the written informed ent/guardian. The facility was W263 during the complaint | **Amatoria.kis | | | | |

| | OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA | (X2) M | ULT | IPLE CONSTRUCTION | (X3) DATE SU | |
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| , , | , John Londin | | A. BUI | LD!N | NG | | -C |
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| | | | | ١ | NAMPA, ID 83686 | | 1 |
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| W 104 | survey dated 2/14/1 to provide sufficient facility to ensure co 9. Refer to W266 as failure to ensure tec inappropriate behave developed, consists monitored. The facility W266 during the ar 4/23/10 and the cor The governing body operating direction correction of past d 10. Refer to W276 failure to ensure the interventions used to behavior. The facility W276 during the ar 4/23/10. The gover sufficient operating ensure correction o 11. Refer to W289 failure to ensure tec inappropriate behav program plans. The at W289 during the 4/23/10 and the cor The governing body operating direction of correction of past d The cumulative effet | In the governing body failed a operating direction over the rection of past deficiencies. It relates to the facility's chniques used to manage vior were sufficiently ently implemented, and closely cility was previously cited at anual recertification dated implaint survey dated 2/14/11. If failed to provide sufficient over the facility to ensure eficiencies. It relates to the facility's enhance manage maladaptive ity was previously cited at anual recertification dated in manage maladaptive ity was previously cited at anual recertification dated in the facility to facility to facility was previously cited at anual recertification dated in manage with the facility was previously cited annual recertification dated in the facility was previously cited annual recertification dated in the facility was previously cited annual recertification dated in the facility was previously cited annual recertification dated in the facility was previously cited annual recertification dated in the facility was previously cited annual recertification dated in the facility was previously cited annual recertification dated in the facility was previously cited annual recertification dated in the facility was previously cited annual recertification dated in the facility was previously cited annual recertification dated in the facility was previously cited annual recertification dated in the facility was previously cited annual recertification dated in the facility was previously cited annual recertification dated in the facility was previously cited annual recertification dated in the facility was previously cited annual recertification dated in the facility was previously cited annual recertification dated in the facility was previously cited annual recertification dated in the facility was previously cited annual recertification dated in the facility in the fac | W | 104 | , | | |
| W 120 | reoccurring deficien impeded the facility individuals' behavio | nt practices significantly 's ability to meet the | W 1 | 20 | | | |

| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | A. BUI | | FIPLE CONSTRUCTION NG | COMPLETED | | | |
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| • | | 13G078 | B, WI | NG_ | | R- 03/28 | -C 3/ 2011 | |
| NAME OF P | ROVIDER OR SUPPLIER | | STREET ADDRESS, CITY, STATE, ZIP CO 2311 ARUBA DRIVE NAMPA, ID 83686 | | | • | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | JMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION DEFICIENCY MUST BE PRECEDED BY FULL ATORY OR LSC IDENTIFYING INFORMATION) TAG PREFIX TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | | ULD BE | (X5) COMPLETION DATE | | | |
| W 120 | OUTSIDE SOURCE The facility must as meet the needs of 6 | ES sure that outside services each client. | W | 120 | | | | |
| | Based on observati interview it was det ensure outside serv individuals (Individuattended a public se services not being services) | s not met as evidenced by: on, record review, and staff ermined the facility failed to vices met the needs for 3 of 4 uals #1, #2, and #4) who chool. This resulted in outside sufficiently coordinated the individuals' behavioral s include: | | | | | | |
| | year old male diagr retardation. He atte | 11 IPP stated he was a 14 nosed with mild mental ended a specialized alternative ere not sufficiently coordinated follows: | | | | | | |
| | a. Individual #2's Pi engaged in the follo | BSP, dated 3/11, stated he owing: | | | | | | |
| | and/or spitting on o - Verbal assault to s staff with harm, and other residents) - Teasing or provok yelling at, and/or ar other residents or s the other resident of manor) - Property destructi personal items or p punching or kicking | on (defined as hitting, kicking, thers with intent to harm) staff (defined as threatening d yelling or cursing at staff or king others (defined as poking, by other action directed at the staff with the intent of getting or staff to react in a negative on (defined as destroying his property of the facility by a walls, doors, or his dresser) d as falling to the ground | | | | • | | |

| | OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA)DENTIFICATION NUMBER: | 1 | | IPLE CONSTRUCTION | | (X3) DATE SURVEY COMPLETED | |
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| | | 13G078 | A. BUI B. WII | | | | -C 3/2011 | |
| NAME OF F | ROVIDER OR SUPPLIER | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | STF | REET ADDRESS, CITY, STATE, ZIP CODE | 03/20 | 5/2011 | |
| HOME A | GAIN ICF | | | | 2311 ARUBA DRIVE NAMPA, ID 83686 | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREF TAG | | PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRI DEFICIENCY) | JLD BE | (X5) COMPLETION DATE | |
| W 120 | supervision from starsexually inappropriouching or grabbin sexually inappropriary inappropriary in Suicidal ideation (threats or gestures). Task avoidance/discomply with staff respectives under the section in the section: Individual #2's IEP, objectives under the section: Identify how he is choose an appropriate in the section: Identify how he is choose an appropriate in the section in the IEP. The section in the IEP in the section in the facility, or inform the facility, or inform the sections were to be section in the section in the section in the facility, or inform the facility, or inform the facility, or inform the sections were to be section. | ing) f (defined as trying to avoid aff) riate behaviors (defined as g women's chests or making ate comments or gestures) defined as making suicidal efiance (defined as refusing to quests or complete tasks) aviors (defined as biting his lip nching himself, or hitting dated 3/1/10, included two e Behavior Management feeling. oriate coping skill. on 3/22/11 from 11:10 - 11:23 ncipal stated the school sking Form to track behaviors the Daily Tracking Form sach period of the school day sk the individual's IEP additionally, the Form included all Rating" and a column for Form included a space where used to sign the form before | W | 120 | | | | |

| | FOR DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) N | | TIPLE CONSTRUCTION | (X3) DATE SI COMPLE | |
|--|---|---|-------------------|-----|---|------------------------|----------------------------|
| | | 13G078 | B, WII | | | | t-C 8/2011 |
| NAME OF PROVIDER OR SUPPLIER HOME AGAIN ICF | | | | : | TREET ADDRESS, CITY, STATE, ZIP CODE 2311 ARUBA DRIVE NAMPA, ID 83686 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREF TAG | | PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOT CROSS-REFERENCED TO THE APPROPRIEM (ENCY) | ULD BE | (X5) COMPLETION DATE |
| W 120 | would e-mail the far information (i.e., an individual was doing | ge 7 cility with general behavioral overall view of how the g), but not with formalized numbers or instances of | W | 120 | | | |
| | 12:15 p.m., Individu stated she would so with information rela behavioral issues th the Daily Tracking I | on 3/22/11 from 11:25 a.m all #2's school Case Manager ometimes telephone the facility ated to Individual #2's nat were not documented on Form. The calls were usually s RSM, but the school did not not the calls. | | | | | |
| | 2:15 p.m., the Admindividuals' PBSPs IEP meetings, but to schools to track induracked at the facilities. | on 3/23/11 from 10:25 a.m inistrator stated a copy of were given to the schools at he facility did not ask the ividuals' behaviors that were y. The Administrator stated ack maladaptive behaviors uals at school. | | | | | |
| | documentation of Ir behaviors was cons the facility, and that | ensure tracking and advidual #2's maladaptive sistent between the school and the facility was tracking or exhibited at school as part ogress/regress. | | | | | |
| | Individual #2, on 3/2 p.m. and 3/25/11 from designated time-out were small padded mechanisms on the placed in the rooms | ne school attended by 22/11 from 11:10 a.m 12:15 cm 10:00 - 10:15 a.m., two trooms were observed. Both rooms with magnetic locking doors. Individuals could be and the doors held shut by loor locking mechanism with a | | | | | |

| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION A. BUILDING | | | COMPLETED | |
|---|--|---|---|-----|---|-----------|----------------------------|
| | | 13G078 | B. WIN | IG_ | | | -C B/ 2011 |
| | ROVIDER OR SUPPLIER | | • | 2 | REET ADDRESS, CITY, STATE, ZIP CODE 2311 ARUBA DRIVE NAMPA, ID 83686 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREF TAG | | PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY) | ULD BE | (X5) COMPLETION DATE |
| W 120 | button on the wall of the room, it was no observation of the incomplete the room, it was no observation of the incomplete the rooms were used for the forms were used for the time-out rooms were used for the time-out rooms were used in the time-out rooms were used in the forms which into the time-out rooms were not signed in the forms which is the period in 3/11 were voluntarily went into and was placed in the forms which is the forms which is the period in 3/11 were voluntarily went into and was placed in the forms which is the forms which is the period in 3/11 were voluntarily went into and was placed in the forms which is the period in 3/11 were voluntarily went into and was placed in the forms which is the period in 3/11 were voluntarily were not signed by the formal adaptive behave. During an interview and structure of time residing in ICFs/MF additional document was not provided to requested by the formal period in the p | butside the room. Once inside to possible to maintain visual individual at all times. :25 a.m 2:15 p.m., Individual flanager stated the time-out for Individual #2. The Case lividual #2 could choose to go form independently to calm or the room by staff. / Tracking Forms for an 11 day reviewed and documented he of the time-out room 7 times the time-out room 28 times. The time-out room 28 times as signed by the facility's gned by the RSM, and two the facility. Forms did not include to the duration of time in the time-out room, or his ine-out room in relation to his iter. If on 3/25/11 from 10:00 - 10:15 incipal stated she was not regulations regarding the use income, but the documentation of the facility and had not been | W | 120 | | | |

| | OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | () | | LE CONSTRUCTION | (X3) DATE SURVEY COMPLETED | |
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| | | | A, BUIL | | | R | :-C |
| | <u> </u> | 13G078 | B, WIN | | | 03/2 | 8/2011 |
| | ROVIDER OR SUPPLIER GAIN ICF | | | 231 | ET ADDRESS, CITY, STATE, ZIP CODE 11 ARUBA DRIVE MPA, ID 83686 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | < | PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AF DEFICIENCY) | HOULD BE | (X5) COMPLETION DATE |
| W 120 | Continued From pa | ae 9 | W 1 | 20 | | | |
| | Tracking Forms fro return to the school praise Individual #2 good day, but state information related The Administrator, interview, stated inf | m the school prior to their The RSM stated she would if the Form stated he had a d she did nothing with the to maladaptive behaviors. who was present during the formation related to the use of or Individual #2 was not | | | | | |
| : : ''. : : : | The facility failed to interventions used coordinated with the | by the school were | | | | | |
| | Depakote (an antic daily for physical ar (an antipsychotic di manic episodes of bipolar disorder and | BSP stated he received convulsant drug) 750 mg twice and verbal aggression, Eskalin rug) 600 mg twice daily for physical aggression related to DDD, and Abilify (an antimg daily for aggression. | | | | | |
| | a.m., the school Pribe made aware of ithe annual IEP mee usually made aware effects the medicatindividual. Addition | on 3/22/11 from 11:10 - 11:23 incipal stated the school may ndividuals' medications during eting, but the school was not e of medication changes or the ions were to have on the ally, the Principal stated to potential side effects was nd miss" basis. | | | | | |
| | 2:15 p.m., the Adm information was pro annual IEP meeting she attended meeting quarterly basis and | on 3/23/11 from 10:25 a.m inistrator stated medication ovided to the school during the g. The Administrator stated ngs at the school on a provided verbal information through the PSR worker who | | | | | |

| | T OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | A. BUILDING COMPLETED | | TED | | |
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| - | | 13G078 | B. WIN | ۱G _ | | | -C B/ 2011 |
| | ROVIDER OR SUPPLIER | | | 2 | REET ADDRESS, CITY, STATE, ZIP CODE 1311 ARUBA DRIVE NAMPA, ID 83686 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREF TAG | | PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY) | OULD BE | (X5) COMPLETION DATE |
| W 120 | worked between the Administrator states those conversation. The facility failed to were provided with to Individual #2's between the facility did not can the facility did not cand the school was facility. During an interview 12:15 p.m., the school was facility. During an interview 12:15 p.m., the school was facility. During an interview 12:15 p.m., the facility for the facility for the stated if the RSM were presented in the facility for the During an interview 13:15 p.m., the Administrator state facility and the school and services had not sufficiently. The facility failed to coordination of services are presented to the school and services had not sufficiently. | e school and the facility. The d she had no documentation of s. ensure school personnel consistent information related chavioral medications. ew on 3/22/11 from 11:10 - 1001 Principal stated staff from come to observe at the school of not invited to meetings at the red she stopped e-mailing acility because the facility even if specific questions the e-mail. The Case Manager was not at the facility, Daily ere usually not signed and the RSM was the usual contact | W | 120 | | | |

| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | A. BUI | | PLE CONSTRUCTION G | (X3) DATE SURVEY COMPLETED | |
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| | | 13G078 | B. WI | IG | | | -C 8/ 2011 |
| | ROVIDER OR SUPPLIER | | , | 2 | REET ADDRESS, CITY, STATE, ZIP CODE 311 ARUBA DRIVE IAMPA, ID 83686 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREF TAG | 1 | PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY) | ULD BE | (X5) COMPLETION DATE |
| W 120 | 2. Individual #1's IP 13 year old male diretardation, ODD, A control disorder. He alternative school. coordinated with the a. Individual #1's Fu Assessment, dated engaged in the follo - Task avoidance/o to comply with staff treatment schedule be asleep) - Verbal aggression yelling, swearing, o comments or gesture - Physical intimidati threatening gesture - Physical aggression at staff, hitting, kick do something he do - Tantrums (defined ground, crying unco - Property damage and facility property punching or kicking - Inappropriate sexu comments or gestu himself, or doing se Individual #1's IEP, objectives under the section: - Identify when he is - Choose an appropri | P, dated 2/11, documented a agnosed with moderate mental ADHD, PTSD, and impulse e attended a specialized Services were not sufficiently e school as follows: Inctional Behavioral 2/11, documented he wing: Ilefiance (defined as refusing requests or his active by ignoring or pretending to vintimidation (defined as making derogative res to staff or peers) on (defined as making sto others) on (defined as throwing things ing, and biting when asked to be on trollably, and yelling) (defined as breaking personal including breaking windows, walls, destroying his dresser) all (defined as making sexual res toward others, exposing exual acts in public). dated 1/12/10, included two e Behavior Management inclustrated. | W | 120 | | | |

| | T OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) M A. BUI | | PLE CONSTRUCTION G | (X3) DATE SI COMPLE | TED |
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| | PROVIDER OR SUPPLIER | | | 23 | REET ADDRESS, CITY, STATE, ZIP CODE 311 ARUBA DRIVE IAMPA, ID 83686 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREF TAG | | PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY) | HOULD BE | (X5) COMPLETION OATE |
| W 120 | a.m., the school Prutilized a Daily Tracilisted on the IEP. Included a line for eand columns to tracibehavioral goals. As a column for "Over." Comments." The the parent was supreturning it to the school of the parent was supreturning it to the school of the Principal stated tracked and the school from the facility relaby Individual #1, into the facility, or informations were to stated Individual #1 would e-mail the fainformation (i.e., an individual was doing tracking. During an interview 12:15 p.m., Individual stated she would the principal stated she would the principal stated she would generally erreview his behaviors according on the Daily Tracking sent to the facility. Manger stated she behavioral objective #1 at the facility. During an interview During an interview was a school of the principal stated she behavioral objective #1 at the facility. | incipal stated the school cking Form to track behaviors The Daily Tracking Form each period of the school day ck the individual's IEP Additionally, the Form included all Rating" and a column for Form included a space where posed to sign the form before | W · | 120 | | | |

| | T OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) M A. BUI | | IPLE CONSTRUCTION NG | (X3) DATE SU COMPLE | |
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| | PROVIDER OR SUPPLIER | | | 2 | REET ADDRESS, CITY, STATE, ZIP CODE 2311 ARUBA DRIVE NAMPA, ID 83686 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREF TAG | | PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY) | ULD BE | (X5) COMPLETION DATE |
| W 120 | Individual #1's PBS the annual IEP meet ask the school to trawere tracked at the stated the facility disbehaviors exhibited. The facility failed to coordination of servito meet Individual #1. on 3/2 p.m. and 3/25/11 frodesignated time-out were small padded mechanisms on the placed in the rooms staff engaging the obutton on the wall of the room, it was not observation of the informs were used forms were used for the forms were used for the forms were used for | P was given to the school at eting, but the facility did not ack the same behaviors that facility. The Administrator d not track maladaptive at the school. ensure there was sufficient vices with the school in order at sehavioral needs. eschool attended by 22/11 from 11:10 a.m 12:15 cm 10:00 - 10:15 a.m., two trooms were observed. Both rooms with magnetic locking a doors. Individuals could be and the doors held shut by door locking mechanism with a sutside the room. Once inside the possible to maintain visual individual at all times. :25 a.m 2:15 p.m., Individual lanager stated the time-out or Individual #1. The Case ividual #1 could choose to go om independently to calm or | W | 120 | | | |

| | OF DEFICIENCIES OF CORRECTION | | | | | | |
|--------------------------|--|---|-------------------|-----|---|---------|----------------------------|
| | | 13G078 | B. WI | NG_ | | 1 | -C 8/2011 |
| | ROVIDER OR SUPPLIER | | 1 | 2 | REET ADDRESS, CITY, STATE, ZIP CODE 2311 ARUBA DRIVE NAMPA, ID 83686 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREF TAG | | PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY) | OULD BE | (X5) COMPLETION DATE |
| W 120 | The Daily Tracking information related Individual #1 spent reason for entering response to the time. During an interview a.m., the school Praware there were rand structure of timesiding in ICFs/MF additional documer use of the time-out was not provided to requested by the factor of the time of time of the time of time of the time of the time of time of the time of time of time of the tim | Forms did not include to the duration of time in the time-out room, the the time-out room, or his e-out room once he was out. I on 3/25/11 from 10:00 - 10:15 incipal stated she was not egulations regarding the use re-out rooms for individuals R. The Principal stated hation was kept regarding the rooms, but the documentation of the facility and had not been relieved and signed the Daily m the school prior to their I. The RSM stated she would if the Daily Tracking Form and day, but stated she did formation related to iors. The Administrator, who the interview, stated to the use of the time-out #1 was not assessed by the P. who was present during the electron during, and after the ficient to give a clear picture of or to, during, and after the fit the interventions. BSP, dated 2/11, documented | W | 120 | | | |

| | FOF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER; | (X2) M A. BUI | | IPLE CONSTRUCTION NG | (X3) DATE SI COMPLE | |
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| | | 13G078 | B. WI | 1G_ | | | -C 8/2011 |
| | PROVIDER OR SUPPLIER | | | 2 | REET ADDRESS, CITY, STATE, ZIP CODE 2311 ARUBA DRIVE NAMPA, ID 83686 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREF TAG | | PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY) | OULD BE | (X5) COMPLETION DATE |
| W 120 | antihypertensive dreaters (a central verbal aggression/ii During an interview a.m., the school Pribe made aware of ithe annual IEP, but made aware of med the medications we Additionally, the Priinformation related the facility was "hit information was proannual IEP meeting she attended meeti quarterly basis and regarding changes traveled between the did not document the The facility failed to were provided with to Individual #1's bed. During an interview 11:23 a.m., the schithe facility did not cound the school was facility. During an interview 12:15 p.m., Individual stated communications stated the usual stated the usual stated the usual stated communication in the stated the usual stated communications against the stated the state | ug) twice daily and 40 mg of nervous system drug) daily for netrous system drug) daily for netroin and a system drug) daily for netroin and system drug dication. on 3/22/11 from 11:10 - 11:23 ncipal stated the school may ndividuals' medications during the school was not usually dication changes or the effects re to have on Individual #1. ncipal stated receiving to potential side effects from and miss." on 3/23/11 from 10:25 a.m inistrator stated medication ovided to the school during the g. The Administrator stated ngs at the school on a provided verbal information through the PSR worker who are school and the facility, but | W | 120 | | | |

| | OF DEFICIENCIES OF CORRECTION | IDENTIFICATION NUMBER: | A. BUI | | CE CONSTRUCTION | COMPLE | TED |
|--------------------------|---|---|-------------------|-----|---|--------|----------------------------|
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| | ROVIDER OR SUPPLIER | | | 23 | EET ADDRESS, CITY, STATE, ZIP CODE 11 ARUBA DRIVE AMPA, ID 83686 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | ID PREF TAG | | PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY) | ULD BE | (X5) COMPLETION DATE |
| W 120 | respond to reques stated when she a by the RSM they p placed them in Indiaware she needed. During an interview 2:15 p.m., the Adnitive primary contact the QMRP would be Administrator state facility and the sch and services had resufficiently. The facility failed to coordination of services had resufficiently. The facility failed to coordination of services had resufficiently. The facility failed to coordination of services had resufficiently. The facility failed to coordination of services had resufficiently. The facility failed to coordination of services had resufficiently. The facility failed to coordination of services had resufficiently. The facility failed to coordination of services had resufficiently. The facility failed to coordination of services had resufficiently. The facility failed to coordination of services had resufficiently. The facility failed to coordination of services had resufficiently. | ts or answer questions. She sked the facility, she was told rinted out the e-mails and ividual #1's file and were not a response. If you on 3/23/11 from 10:25 a.m ninistrator stated she had been at for the school to this point, but be taking on that role. The ed communication between the rool was not well documented, not been coordinated If you have a sufficient roles with the school in order #1's behavioral needs. If 1 IPP stated he was a 10 nosed with pervasive ay. He attended a local 's special education program. If you have a sufficient as a special education program. If you have a sufficient roles was a 10 nosed with pervasive ay. He attended a local 's special education program. If you have a sufficient as a special education program. If you have a sufficient as a special education program. If you have a sufficient as a special education program. If you have a sufficient as a special education program as a special education program. If you have a sufficient as a special education program as a special education program. If you have a sufficient as a sufficient as a special education program. If you have a sufficient as a sufficient as a sufficient as a special education program. If you have a sufficient as | W | 120 | | | |

| | OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MU A. BUIL | ILTIPLE CONSTRUCTION DING | (X3) DATE S COMPL | |
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| | ROVIDER OR SUPPLIER | | ; | STREET ADDRESS, CITY, STATE, ZIP CO 2311 ARUBA DRIVE NAMPA, ID 83686 | | 2072011 |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY) | N SHOULD BE | (X5) COMPLETION DATE |
| W 120 | 2:54 - 3:07 p.m., In staff from the facilit the school, that the information related being tracked, that provided with intervided with intervided with intervided in the meetings regarding. During an interview 1:10 p.m., the Admitte primary contact the QMRP would be Administrator state facility and the school in the school | e interview on 3/22/11 from adividual #4's teacher stated by did not come and observe at a facility did not provide to maladaptive behaviors the school had not been wention strategies used by the had not been invited to g Individual #4 at the facility. You on 3/25/11 from 11:20 a.m ninistrator stated she had been to the school to this point, but be taking on that role. The ad communication between the not was not well documented, not been coordinated | W 1; | 20 | | |
| W 124 | were sufficiently co #4's behavioral nee 483.420(a)(2) PRO RIGHTS The facility must er Therefore the facility parent (if the client of the client's medi and behavioral state treatment, and of the This STANDARD Based on record re | o ensure services at the school pordinated to meet Individual eds. OTECTION OF CLIENTS Insure the rights of all clients. Ity must inform each client, is a minor), or legal guardian, ical condition, developmental atus, attendant risks of the right to refuse treatment. Its not met as evidenced by: Eview and staff interview, it was allity failed to ensure sufficient | W 1: | 24 | | |

| | T OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | 1, , , , | | PLE CONSTRUCTION | (X3) DATE SU COMPLE | |
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| | PROVIDER OR SUPPLIER | | | 23 | REET ADDRESS, CITY, STATE, ZIP CODE 311 ARUBA DRIVE IAMPA, ID 83686 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFI TAG | | PROVIDER'S PLAN OF CORRECTIVE ACTION SHOUNDS OF THE APPRINCE TO THE APPRINCE DEFICIENCY) | ULD BE | (X5) COMPLETION DATE |
| W 124 | information was prowhich to base consindividuals (Individual informed consents in a lack of informal individuals' guardial interventions. The 1. Individual #1's IP 13 year old male diretardation, ODD, Acontrol disorder. a. Individual #1's remg of guanfacine (adaily. His record included 11/20/10, and a ver 3/16/11, which state guanfacine for task as refusing to compcomplete tasks) relievely individual Reduction, dated 2/guanfacine for verb (defined as yelling, derogative commer peers) related to Alievely was residential with the Alievely was residential when asked, the Alievely was residential with the Alievely was residential which was residential with the Alievely was related to Alievely was residential which was relievely was related to Alievely was related t | povided to parents/guardians on sent decisions for 2 of 4 uals #1 and #2) whose written were reviewed. This resulted ation being provided to the ans regarding restrictive findings include: PP, dated 2/11, documented a lagnosed with moderate mental ADHD, PTSD, and impulse ecord indicated he received 1 an antihypertensive drug) twice d a guardian consent, dated and the edinal HRC consent, dated and ladividual #1 received a avoidance/defiance (defined ply with staff requests or lated to ADHD. al #1's Medical Plan of 1/11, stated he received bal aggression/intimidation swearing, or making ints or gestures to staff or | W | 124 | | | |
| | b. Individual #1's re | ecord indicated he received 40 | | | | | |

| | OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA | 1` ′ | | TPLE CONSTRUCTION | (X3) DATE SI COMPLE | |
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| | | , , , , , , , , , , , , , , , , , , , | A. BUI | LDIN | NG | | -C |
| | | 13G078 | B. WIN | NG_ | | l | 8/2011 |
| NAME OF F | ROVIDER OR SUPPLIER | | | | REET ADDRESS, CITY, STATE, ZIP CODE | | |
| HOME A | GAIN ICF | | | l | 2311 ARUBA DRIVE NAMPA, ID 83686 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREF TAG | | PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY) | JLD BE | (X5) COMPLETION DATE |
| W 124 | mg of Strattera (a codaily. His record included 11/20/10, and a ver 3/16/11, which state task avoidance/deficomply with staff re related to ADHD. However, Individual Reduction, dated 2/ Strattera for verbal | entral nervous system drug) a guardian consent, dated bal HRC consent, dated ed he received Strattera for ance (defined as refusing to quests or complete tasks) #1's Medical Plan of 11, stated he received aggression/intimidation | W | 124 | | | |
| | derogative commer peers) related to AE When asked, the Ainterview on 3/25/1 Individual #1 receivaggression/intimida | swearing, or making of the or gestures to staff or DHD. dministrator stated during an | | | | | |
| | | ensure Individual #1's acine and Strattera contained n. | | | | | |
| | year old male diagn retardation. Individu | 11 IPP stated he was a 14 osed with mild mental ual #2's PBSP, dated 3/11, Abilify (an antipsychotic drug) on. | | | | | |
| | Form, dated 3/15/11 | #2's HRC Approval Request 1, which included guardian (11, stated Abilify was for | | | | | |

| | OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | 1, , | | CONSTRUCTION | (X3) DATE SU COMPLE | |
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| | | 13G078 | B. WiN | G | | | 8/2011 |
| | ROVIDER OR SUPPLIER | | | 2311 | T ADDRESS, CITY, STATE, ZIP CODE ARUBA DRIVE MPA, ID 83686 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | × | PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRI DEFICIENCY) | JLD BE | (X5) COMPLETION DATE |
| W 124 {W 159} | During an interview a.m., the Administra Abilify was for phys assault. The Admin was not informed a The facility failed to consent for Abilify (483.430(a) QUALIFRETARDATION PERCENTIAL COORDINATION P | on 3/24/11 from 9:05 - 11:45 ator stated Individual #2's ical aggression, not verbal histrator stated the consent and needed to be revised. ensure Individual #2's contained accurate information. FIED MENTAL ROFESSIONAL treatment program must be ated and monitored by a ardation professional. | W 1 | THE REPORT OF THE PARTY OF THE | | | |
| | Based on observati interviews, it was do ensure the QMRP p and coordination for #1 - #4) reviewed. Individuals not rece assessments, object meet their behavior include: 1. Refer to W120 as | ctives, and training required to al needs. The findings it relates to the facility's | | | | | |
| | failure to ensure the services were sufficindividuals' behavio 2. Refer to W124 as failure to ensure cointerventions contai 3. Refer to W214 as | e QMRP ensured outside cliently coordinated to meet | | | | | |
| | assessments were | | | | | | |

| | OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) M A. BUI | | IPLE CONSTRUCTION NG | (X3) DATE S COMPLE | |
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| NAME OF P | ROVIDER OR SUPPLIER | | ' | 2 | REET ADDRESS, CITY, STATE, ZIP CODE 2311 ARUBA DRIVE NAMPA, ID 83686 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREF TAG | | PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY) | OULD BE | (X5) COMPLETION DATE |
| {VV 159} | and needs. 4. Refer to W227 at failure to ensure the were developed to a failure to ensure the training objectives water. 6. Refer to W236 at failure to ensure the written training progresponsible for the written training progresponsible for the 7. Refer to W237 at failure to ensure the specified the type a collected. 8. Refer to W239 at failure to ensure the replacement behavincorporated into imprograms. 9. Refer to W252 at failure to ensure the collected sufficiently individuals' interventions were rapproval by the HR | d individuals' behavioral status is it relates to the facility's e QMRP ensured objectives meet individuals' needs. Is it relates to the facility's e QMRP ensured individuals' were assigned completion is it relates to the facility's e QMRP ensured individuals' grams indicated the person program. Is it relates to the facility's e QMRP ensured programs and frequency of data to be is it relates to the facility's e QMRP ensured appropriate fors were identified and dividuals' behavior intervention is it relates to the facility's e QMRP ensured data was by to determine the efficacy of tion strategies. as it relates to the facility's e QMRP ensured restrictive mot implemented prior to | {W 1 | 59} | | | |
| | | | | | | | |

| | OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | A. BUI | | IPLE CONSTRUCTION IG | COMPLE | |
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| | ROVIDER OR SUPPLIER | | • | 2 | REET ADDRESS, CITY, STATE, ZIP CODE 1311 ARUBA DRIVE NAMPA, ID 83686 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREF TAG | | PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY) | ULD BE | (X5) COMPLETION DATE |
| {W 159} | failure to ensure the interventions were guardian consent with the consultation of the comprehensive identify the client's behavioral manage. This STANDARD is Based on record rewas determined the | e QMRP ensured restrictive implemented only after vas obtained. as it relates to the facility's e QMRP ensured behavioral implemented with sufficient ect individuals' rights and individuals' rights and individuals assessment must effect for each of the properties | {W 1 | | | | |
| | behavioral assessment comprehensive info (Individuals #1 - #4 assessments, IPPs were reviewed. Thinformation on which intervention decision 1. Individual #2's 2/ year old male diagretardation. His 3/ Assessment was rorder to address his as follows: a. Individual #2's IP Diagnosis section Bipolar disorder, m ADHD, and mood of | nents contained ormation for 4 of 4 individuals) whose behavior , and behavioral programs is resulted in a lack of | | | | | |

| | OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) M | ULTII | PLE CONSTRUCTION | (X3) DATE SU COMPLE | |
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| AND FDAN C | ORREGION | IDENTIFICATION NOMBER. | A. BUI | LDIN | G | - R-C | |
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| / , | ROVIDER OR SUPPLIER | | • | 2 | REET ADDRESS, CITY, STATE, ZIP CODE 311 ARUBA DRIVE IAMPA, ID 83686 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREF TAG | | PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY) | ULD BE | (X5) COMPLETION DATE |
| {W 214} | included the diagnor Visual/Audio comm Individual #2's beha had a long history of issues and docume the past." The assessment further physical assault and teasing and provok destruction, tantrun inappropriate behaviors which the behaviors which the behaviors which the behaviors which the diagnose his assessment or behaviors. The facility failed to behaviors. The facility failed to behavioral assessment or behaviors. The facility failed to behavioral assessment or behaviors. The facility failed to behavioral assessment or behavioral assessment or behaviors. The facility failed to behavioral assessment or behav | ses of ODD, PTSD and and hallucinations. avioral assessment stated he of mental illness and angerented he "had hallucinations in essment did not include related to which mental expresented with. In the stated he engaged in dintimidation, verbal assault, ing others, property ins, running from staff, sexually vior and suicidal ideation. The trinclude information regarding ween his mental illness and in he displayed. If on 3/23/11 from 10:25 a.m inistrator stated Individual #2's eshad not been addressed in tied to his maladaptive The ensure Individual #2's ment addressed his mental ind the relationship between his the behaviors which he The ensure Individual #2's ment addressed his mental ind the relationship between his the behaviors which he The ensure Individual #2's ment addressed his mental ind the relationship between his the behaviors which he The ensure Individual #2's ment addressed his mental individual #2's mental individua | {W 2 | 14} | | | |

| NAME OF PROVIDER OR SUPPLIER HOME AGAIN ICF SUMMARY STATEMENT OF DEFIDIENCIES STREET ADDRESS, CITY, STATE, ZIP CODE 2311 ARUBA DRIVE NAMPA, ID 38368 SUMMARY STATEMENT OF DEFIDIENCIES NAMPA, ID 38368 SUMMARY STATEMENT OF DEFIDIENCIES NAMPA, ID 38368 CEACH DEFICIENCY MUST BE PRECEDED BY FULL RESULATORY OR LSC IDENTIFYING INFORMATION) PREETX TAG PROVIDERS PLAN OF CORRECTION CONSTRUCTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE COMMENTARY OR LSC IDENTIFYING INFORMATION) PREETX TAG PREETX TAG CHARGE TO THE APPROPRIATE COMMENTARY OR LSC IDENTIFYING INFORMATION) PREETX TAG CHARGE TO THE APPROPRIATE COMMENTARY OR LSC IDENTIFYING INFORMATION) PREETX TAG CHARGE TO THE APPROPRIATE COMMENTARY OR LSC IDENTIFYING INFORMATION PREETX TAG CHARGE TO THE APPROPRIATE COMMENTARY OR LSC IDENTIFYING INFORMATION PREETX TAG CHARGE TO THE APPROPRIATE COMMENTARY OR LSC IDENTIFY OR CANADA THE ADMINISTRATORY OR LSC IDENTIFY OR THE APPROPRIATE COMMENTARY OR LSC IDENTIFY OR THE APPROPRIATE | | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) M A. BUI | | TIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED | | |
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| NAME OF PROVIDER OR SUPPLIER HOME AGAIN ICF AGAIN CF | | 13G078 | | | | | | | |
| NAMPA, ID 83688 SUMMARY STATEMENT OF DEFICIENCIES PROVIDERS PLAN OF CORRECTION PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG PROVIDERS PLAN OF CORRECTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG PROVIDERS PLAN OF CORRECTION SHOULD BE (CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) PREFIX TAG PROVIDERS PLAN OF CORRECTION SHOULD BE (CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) PREFIX TAG PROVIDERS PLAN OF CORRECTION SHOULD BE (CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) PROVIDERS PLAN OF COMMENT OF TAG PROVIDERS PLAN OF CROSS-REFERENCED TO THE APPROPRIATE DEFINITION OF TAG PROVIDERS PLAN OF TAG PROV | NAME OF P | ROVIDER OR SUPPLIER | 100070 | | ST | REET ADDRESS, CITY, STATE, ZIP CODE | 03/20 | 5/2011 | |
| PREFIX TAG REGULATORY OR USE DENTIFYING INFORMATION) TO USE THE REGULATORY OR USE DENTIFYING INFORMATION) TO USE THE REGULATORY OR USE DENTIFYING INFORMATION) TO USE THE REGULATORY OR USE DENTIFYING INFORMATION TO USE THE REGULATORY OR USE T | HOME A | GAIN ICF | | | 2 | 2311 ARUBA DRIVE | | | |
| over-stimulated. During an interview with the Administrator, QMRP, ADMRP and Lead staff, on 3/24/11 from 9:05 - 11:45 a.m., the AQMRP and Lead Staff stated it did not appear Individual #2's physical assaults were a result of being over-stimulated or to get attention. They stated he could not wait to talk to certain staff and it appeared to be more related to his ADHD and impulse control problems. c. Individual #2's behavioral assessment stated he engaged in verbal assault, defined as threatening staff with harm, and yelling/cursing at staff or other residents. The assessment stated the function of the behavior was to avoid undesirable tasks or to avoid particular situations. During an interview with the Administrator, QMRP, AQMRP and Lead staff, on 3/24/11 from 9:05 - 11:45 a.m., the AQMRP and Lead Staff stated it did not appear Individual #2's verbal assaults were related to task avoidance. They stated it was the way Individual #2 stempted to control his own environment and schedule as he would engage in tasks as long as he thought it was his idea to do so. d. Individual #2's behavioral assessment stated he engaged in teasing/provoking other residents or staff with the intent of getting the other residents or staff with the intent of getting the other resident or staff to react in a negative manner or go into behavior." The assessment stated he engaged in the behavior when he was over-stimulated and was not busy. However, the function of the behavior | PRÉFIX | (EACH DEFICIENCY | Y MUST BE PRECEDED BY FULL | PREF | PREFIX (EACH CORRECTIVE ACTION TAG CROSS-REFERENCED TO THE | | ULD BE | COMPLETION | |
| postion stated it was to sain attention and be | {W 214} | over-stimulated. During an interview QMRP, AQMRP an 9:05 - 11:45 a.m., the stated it did not approassaults were a reset to get attention. The talk to certain staff are lated to his ADHE problems. c. Individual #2's between engaged in verbetween the function of the bundesirable tasks of the function of the bundesirable ta | with the Administrator, and Lead staff, on 3/24/11 from the AQMRP and Lead Staff pear Individual #2's physical sult of being over-stimulated or ney stated he could not wait to and it appeared to be more and impulse control the period of the pear Individual #2's physical stated and assault, defined as the harm, and yelling/cursing at the period of the | {W 2 | 14} | | | | |

| | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) M | | TIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED R-C 03/28/2011 | |
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| NAME OF PROVIDER OR SUPPLIER HOME AGAIN ICF | | | | 2 | REET ADDRESS, CITY, STATE, ZIP CODE 2311 ARUBA DRIVE NAMPA, ID 83686 | 00/2 | 0/2011 |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | | PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHI CROSS-REFERENCED TO THE APP DEFICIENCY) | OULD BE | (X5) COMPLETION DATE |
| {W 214} | enjoyed provoking of During an interview QMRP, AQMRP and 9:05 - 11:45 a.m., the stated it did not appressing/provoking or boredom. They someone's buttons e. Individual #2's being the engaged in destroying his persoproperty of the home walls, doors, or his The assessment state behavior was to "referergy." During an interview QMRP, AQMRP and 9:05 - 11:45 a.m., the both stated the function was not needed to be revised f. Individual #2's being aged in tantrum ground and scream The assessment state when he was not all when a family visit of minute. The assessing the behavior was to However, his 2/11 I behavior in order to During an interview | with the Administrator, and Lead staff, on 3/24/11 from the AQMRP and Lead Staff pear Individual #2's was related to over-stimulation stated it was to push and get a reaction. The Property of the discount of property, defined as conal items, typically his toys, or the by punching or kicking dresser while in a fit of anger. The attention of the lease his negative emotional with the Administrator, and AQMRP continuous to the assessment end. The Administrator and AQMRP continuous to the assessment stated he as, defined as falling to the ling at the top of his lungs. The attention of the least sament stated the function of the least sament stated the function of the least sament stated the function of the get something he wanted. PP stated he "uses this | {W 2 | 14} | | | |

| NAME OF PROVIDER OR SUPPLIER HOME AGAIN ICF SUMMARY STATEMENT OF DEPICIENCIES (EACH DEPICIENCY MIST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) [W 214] Continued From page 26 9:05 - 11:45 a.m., the Administrator and AQMRP both stated the function of Individual #2's behaviors, and the eassessment stated the engaged in running from staff, Left and provoke staff. The "General Behaviors Accommodations" section of Individual #2's Individu | | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | A. BUI | | NG | COMPLETED | | |
|--|---------|--|---|-------------|------|--|--|--|--|
| HOME AGAIN ICF (X4) ID REEFIX SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAGE (X4) ID REGULATORY OR LSC IDENTIFYING INFORMATION) TAGE PREFIX TAGE CROSS-REFERENCE OT THE APPROPRIATE COMMETTION (EACH CORRECTION (EACH CORRECTION (EACH CORRECTIVE ACTION SHOULD BE COMMETTION) TAGE CROSS-REFERENCE OT THE APPROPRIATE COMMETTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCE) CROSS-REFERENCE OT THE APPROPRIATE COMMETTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCE) CROSS-REFERENCE OT THE APPROPRIATE COMMETTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCE) CROSS-REFERENCE OT THE APPROPRIATE COMMETTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCE) CROSS-REFERENCE OT THE APPROPRIATE COMMETTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCE) CROSS-REFERENCE OT THE APPROPRIATE COMMETTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCE) CROSS-REFERENCE OT THE APPROPRIATE COMMETTION SHOULD BE CROSS-REFERENCE OF THE APPROPRIATE COMMETTION SHOULD BE CROSS-REFERENCE OF THE APPROPRIATE COMMETTION SHOULD BE CRE | | 13G078 | | B. WII | NG_ | | | | |
| ### Tag Ceach Deficiency Must Be PRECEDED BY FULL Tag CROSS-REFERENCED TO THE APPROPRIATE Continued From page 26 | | | | • | : | 2311 ARUBA DRIVE | | | |
| 9:05 - 11:45 a.m., the Administrator and AQMRP both stated the function of Individual #2's tantrums was not accurate and the assessment needed to be revised. g. Individual #2's behavioral assessment stated he engaged in running from staff, defined as trying to avoid supervision from staff. The assessment stated this would occur when he was bored or angry or not being closely supervised and the function of the behavior was to irritate and provoke staff. The "General Behavioral Accommodations" section of Individual #2's IPP stated "Due to the severity of the violent/lagressive behaviors, the provoking behaviors, and the sexually inappropriate behaviors, and the danger that [Individual #2] presents to himself and others [Individual #2] requires close proximity (same room), one to one supervision while he is awake by specially trained staff members" Individual #2's behavioral assessment did not include information related to the use of close proximity supervision or the effect it had on his maladaptive behaviors, including his running away behavior. During an interview on 3/24/11 from 9:05 - 11:45 a.m., the Administrator stated close proximity supervision had not been included in Individual #2's behavioral assessment and the assessment needed to be revised. h. Individual #2's behavioral assessment stated he engaged in sexually inappropriate behaviors, | PRÉFIX | (EACH DEFICIENC) | Y MUST BE PRECEDED BY FULL | PREFIX (EAC | | (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP | (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE | | |
| and/or making sexually inappropriate comments | {W 214} | 9:05 - 11:45 a.m., the oth stated the funtantrums was not a needed to be revising. Individual #2's behe engaged in runtarying to avoid superassessment stated bored or angry or and the function of and provoke staff. The "General Behasection of Individual severity of the viole provoking behavior inappropriate behaselindividual #2] presultation formation proximity supervision had not a supervisi | the Administrator and AQMRP action of Individual #2's accurate and the assessment ed. ehavioral assessment stated as ervision from staff, defined as ervision from staff. The at this would occur when he was not being closely supervised at the behavior was to irritate avioral Accommodations" at #2's IPP stated "Due to the ent/aggressive behaviors, the res, and the sexually aviors, and the danger that ents to himself and others aires close proximity (same supervision while he is awake at staff members" avioral assessment did not a related to the use of close on or the effect it had on his viors, including his running of on 3/24/11 from 9:05 - 11:45 arator stated close proximity of been included in Individual sessment and the assessment ed. ehavioral assessment stated ually inappropriate behaviors, gor grabbing a woman's chest, | {W 2 | .14) | | | | |

| (X2) MULTIPLE CONSTRUCTION A. BUILDING | (X3) DATE SURVEY COMPLETED | | |
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| B. WING | R-C 03/28/2011 | | |
| STREET ADDRESS, CITY, STATE, ZIP CO 2311 ARUBA DRIVE NAMPA, ID 83686 | | | |
| PREFIX (EACH CORRECTIVE ACTIO | N SHOULD BE COMPLETION | | |
| {W 214} | | | |
| | B. WING | | |

| | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER; | 1 ' | (X2) MULTIPLE CONSTRUCTION A. BUILDING | | | (X3) DATE SURVEY COMPLETED | |
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| | | 136078 | | | | 03/2 | 8/2011 | |
| | GAIN ICF | | | : | REET ADDRESS, CITY, STATE, ZIP CODE 2311 ARUBA DRIVE NAMPA, ID 83686 | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | | ID PROVIDER'S PLAN OF CORR PREFIX (EACH CORRECTIVE ACTION S TAG CROSS-REFERENCED TO THE AF DEFICIENCY) | | OULD BE | (X5) COMPLETION DATE | |
| (W 214) | Continued From pa | ge 28 | {W 2 | 14) | } | | | |
| | behavior was task a | avoidance but "it has a greater the staff which he enjoys." | • | | | | - | |
| | a.m., the Administrathe function of Indiv | on 3/24/11 from 9:05 - 11:45 ator and AQMRP both stated ridual #2's avoidance/defiance and the assessment needed to | | | | | | |
| | k. Individual #2's behavioral assessment stated he engaged in self injurious behaviors, defined as biting his lip to make it bleed and pinching and hitting himself. The assessment stated the behavior occurred when he was over-stimulated or had been told he could not have or do something he wanted to do. However, the function of the behavior was to get attention from staff and to "show staff how angry he is." The assessment was not clear in describing whether the function of the behavior was to seek attention, communicate his negative feelings or as a result of over-stimulation. | | | | | | | |
| | a.m., the Administrathe function of Indiv | on 3/24/11 from 9:05 - 11:45 ator and AQMRP both stated ridual #2's self injurious occurate and the assessment ed. | | | | | | |
| | behavior assessme | ensure Individual #2's nt was sufficiently developed cted his maladaptive | | | | | | |
| | year old female diag retardation. Her 2/1 Assessment" was n | 11 IPP stated she was a 16 gnosed with mental II "Functional Behavior lot sufficiently developed in the behavior management | | | | | | |

| NAME OF PROVIDER OR SUPPLIED | 13G078 | B. WIN | | | | _ | |
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| NAME OF PROVIDER OF CURRILIER | | 1 | 1G _ | | R-C 03/28/2011 | | |
| NAME OF PROVIDER OR SUPPLIER HOME AGAIN ICF | | | 2 | REET ADDRESS, CITY, STATE, ZIP CODE 2311 ARUBA DRIVE NAMPA, ID 83686 | | | |
| (X4) ID SUMMARY STATEMEN PREFIX (EACH DEFICIENCY MUST TAG REGULATORY OR LSC IDEN | BE PRECEDED BY FULL | ID PREFI TAG | | PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY) | JLD BE | (X5) COMPLETION DATE | |
| needed to be revised. b. Individual #3's PBSP, objective to decrease ins allegations. However, makes not a target behavior #3's Functional Behavior When asked, the Administratiview on 3/25/11 from | oral assessment stated ODD, reactive SD and ADHD. IPP stated in the ion that she was also isorder NOS and mood behavioral assessment tent in documenting her strator stated during an in 11:20 a.m 1:10 p.m., I Behavioral Assessment dated 2/11, included an stances of making false aking false accusations in assessed in Individual al Assessment. Strator stated during an in 11:20 a.m 1:10 p.m., I Behavioral Assessment alse accusations. She in the behavior had been wide the surveyor with a actional Behavioral individual #3's Functional including false in received by the its report. | {W 2 | 14} | | | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | A. BUI | | IPLE CONSTRUCTION | COMPLETED R-C 03/28/2011 | | |
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| NAME OF PROVIDER OR SUPPLIER HOME AGAIN ICF | | | | 2 | REET ADDRESS, CITY, STATE, ZIP CODE 1311 ARUBA DRIVE NAMPA, ID 83686 | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREF TAG | | PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY) | ULD BE | (X5) COMPLETION DATE | |
| {W 214} | year old male diagr retardation. His 2/ Assessment" was r order to address hi as follows: a. Individual #1's be he was diagnosed | nosed with moderate mental 11 "Functional Behavior not sufficiently developed in s behavior management needs ehavioral assessment stated with ADHD, PTSD, and | {W 2 | 14} | | | | |
| | #1's IPP stated in the Disabilities" section with ODD. Individu | order. However, Individual he "Presenting Problems and in that he was also diagnosed ral #1's behavioral assessment consistent in documenting his | | | | | | |
| | interview on 3/25/1 | Administrator stated during an 1 from 11:20 a.m 1:10 p.m., ctional Behavioral Assessment ed. | | | | | | |
| | section of Individual severity of the viole the danger that [Individual and others[Individual proximity (2 arms lesupervision while h | chavioral Accommodations" al #1's IPP stated "Due to the ent/destructive behaviors, and dividual #1] presents to himself dual #1] requires close ength) [sic], one to one e is awake and a dedicated able if he wakes up at night." | | | | | | |
| | include information | avioral assessment did not related to the use of close on or the effect it had on his iors. | | | | | | |
| | interview on 3/25/1 Individual #1's Fundament | Administrator stated during an 1 from 11:20 a.m 1:10 p.m., ctional Behavioral Assessment ed to include the use of sion. | | | | · | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | 1 | | TIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED | |
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| | ROVIDER OR SUPPLIER | | | | TREET ADDRESS, CITY, STATE, ZIP CODE 2311 ARUBA DRIVE NAMPA, ID 83686 | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | | ID PREFIX TAG | | (EACH CORRECTIVE ACTION SHOU | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | |
| (W 214) | Continued From pa | ge 31 | {W 2 | 14 | 13 | | |
| | he had a history of pregnant women ar assessment stated hit pregnant women he was easily irritate should not be arour community, as he hand threw it down ca functional assess | chavioral assessment stated physical aggression toward and small children. The he had attempted to kick and a to "harm their children" and led by smaller children and and them, even in the lad "grabbed someone's baby ausing brain injury." However, ment of the Individual #1's regnant women and small esent. | | | | | |
| | interview on 3/25/17 Individual #1's Fund did not include an a | dministrator stated during an 1 from 11:20 a.m 1:10 p.m., ctional Behavioral Assessment issessment of Individual #1's fidren and pregnant women evised. | | | | | |
| | | ensure Individual #1's nt was sufficiently developed. | | | | | |
| | year old male diagn developmental dela Behavior Assessme | 11 IPP stated he was a 10 losed with pervasive y. His 3/11 "Functional ent" was not sufficiently to address his behavior is as follows: | | | | | |
| | he had diagnoses we emotional disturbant assessment further differences in proceed information, and too synthesizing and materials. | stated he "exhibited | | | | | |

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA

| | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) N | | PLE CONSTRUCTION IG | COMPLETED R-C 03/28/2011 | |
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| NAME OF PROVIDER OR SUPPLIER HOME AGAIN ICF | | | · | 2 | REET ADDRESS, CITY, STATE, ZIP CODE 311 ARUBA DRIVE IAMPA, ID 83686 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | | ID PREF TAG | | PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY) | ULD BE | (X5) COMPLETION DATE |
| {W 214} | Continued From page 32 engaged in physical aggression, verbal aggression/intimidation, task avoidance/defiance, tantrums, and property destruction. However, the assessment did not include information regarding the relationship between his diagnoses and the behaviors which he displayed. During an interview on 3/25/11 from 11:20 a.m 1:10 p.m., the Administrator stated Individual #4's psychiatric diagnoses had not been addressed in his assessment or tied to his maladaptive behaviors. The facility failed to ensure Individual #4's behavior assessment was sufficiently developed. 483.440(c)(4) INDIVIDUAL PROGRAM PLAN The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section. This STANDARD is not met as evidenced by: Based on record review and staff interviews, it was determined the facility failed to ensure individuals' IPPs included objectives to meet their needs for 1 of 4 individuals (Individual #2) whose behavioral plans were reviewed. This resulted in a lack of program plans designed to address the | | {W 2 | | | | |
| | year old male whos mixed with psychot mental retardation, | 11 IPP stated he was a 14 se diagnoses included bipolar ic features, ADHD, mild and mood disorder. His IPP reported visual and auditory | | | | | |

| | OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) M A, BUI | | IPLE CONSTRUCTION | (X3) DATE SU COMPLE | |
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| | ROVIDER OR SUPPLIER | | | 2 | REET ADDRESS, CITY, STATE, ZIP CODE 2311 ARUBA DRIVE NAMPA, ID 83686 | Voize | <i>5,20</i> 1 1 |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREF TAG | | PROVIDER'S PLAN OF CORRECTIVE ACTION SHOUNCED TO THE APPRINCED TO THE APPR | JLD BE | (X5) COMPLETION DATE |
| {W 227} | hallucinations, which hallucinations to kill His record did not it related to how Indivisymptoms of mood When asked during 9:05 a.m 11:45 p. Individual #2's mood by a decreased nessexually inappropria physical aggression suicidal ideation, deisolation, withdrawarefusals, and sleep The Administrator flexhibited by the inabehaviors, and beir Individual #2's IPP physical aggression assault to staff, tearesidents, sexually avoidance/defiance. However, his IPP direlated to his mental of psychiatric signs disturbance, decreasionation, withdrawastill, self stimulatory When asked during 9:05 - 11:45 p.m., to bjectives were not | ch included command himself. Include clear information ridual #2 exhibited signs and disorder NOS or ADHD. If an interview on 3/24/11 from the Administrator stated disorder NOS was exhibited and for sleep, increased at behavior, increased in increased verbal aggression, acreased interest in hobbies, all from others, increased interruptions. Interview on 3/24/11 from the Administrator stated aggression, acreased interest in hobbies, all from others, increased interruptions. | {W 2 | 27} | | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | | PLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED | |
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| | GAIN ICF | | | 2 | REET ADDRESS, CITY, STATE, ZIP CODE 311 ARUBA DRIVE JAMPA, ID 83686 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREF TAG | | PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPE DEFICIENCY) | OULD BE | (X5) COMPLETION DATE |
| {W 227} | Continued From pa | ge 34 | {W 2 | 27} | | | |
| W 230 | The facility failed to developed to addre signs and symptom | ensure objectives were ss Individual #2's psychiatric | W 2 | | | | |
| | | ne individual program plan projected completion dates. | | | | | |
| | Based on record re determined the faci individualized projectives for 4 of 4 #4) whose PBSPs in the potential for it on objectives for extheir rate of learning | s not met as evidenced by: view and staff interview, it was lity failed to assign cted completion dates to i individuals (Individuals #1 - were reviewed. This resulted individuals to receive training itended periods of time without g, strengths, and abilities being ation. The findings include: | | | | | |
| | 13 year old male dia | P, dated 2/11, documented a agnosed with moderate mental ADHD, PTSD, and impulse | | | | | |
| | contained projected asked, the Adminis interview on 3/25/1 | ves in his PBSP, dated 2/11, I completion dates. When trator stated during an 1 from 11:20 a.m 1:10 p.m., seded to be added to his | | 00.5.000 | | | |
| | year old male whos mixed with psychoti | 11 IPP stated he was a 14 e diagnoses included bipolar ic features, ADHD, mild and mood disorder. | | най начинальная параментальная приняти в полит | | | |
| | None of the objective | es in his PBSP, dated 3/11, | | | | | |

| | OF DEFICIENCIES OF CORRECTION | IDENTIFICATION NUMBER: | A. BUI | | IG | COMPLE | TED |
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| | | 13G078 | B. WIN | ۱G | | | -C 8/2011 |
| NAME OF P | ROVIDER OR SUPPLIER | | | 2 | REET ADDRESS, CITY, STATE, ZIP CODE 1311 ARUBA DRIVE NAMPA, ID 83686 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREF TAG | | PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY) | OULD BE | (X5) COMPLETION DATE |
| W 230 | contained projected asked, the Adminis interview on 3/23/1 completion dates nobjectives. 3. Individual #3's IP | d completion dates. When strator stated during an 1 from 10:25 a.m 2:10 p.m., eeded to be added to his | (wa | 230 | | | |
| | retardation, ADHD, ODD, PTSD, devel | diagnosed with mild mental reactive attachment disorder, opmental learning disorder, DS, and mood disorder. | | | | | |
| | contained projected asked, the Adminis interview on 3/25/1 | ves in her PBSP, dated 2/11, d completion dates. When strator stated during an 1 from 11:20 a.m 1:10 p.m., eeded to be added to her | | | | | |
| | | PP, dated 3/11, documented a agnosed with pervasive | | | | | |
| | contained projected asked, the Adminis interview on 3/25/1 | ves in his PBSP, dated 3/11, d completion dates. When trator stated during an 1 from 11:20 a.m 1:10 p.m., eeded to be added to his | | | | | |
| W 236 | completion dates for objectives were pre | ensure the projected or Individuals #1 - #4's esent and individualized. IDIVIDUAL PROGRAM PLAN | W | 236 | | | |
| | | | | | | | |

| | OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | , , | | IPLE CONSTRUCTION | (X3) DATE SU COMPLE | |
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| | | | A. BUII | מום | /G | | -C |
| | | 13G078 | B. WIN | G_ | | | B/2011 |
| | ROVIDER OR SUPPLIER | | | 2 | REET ADDRESS, CITY, STATE, ZIP CODE 2311 ARUBA DRIVE NAMPA, ID 83686 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFI TAG | | PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY) | ULD BE | (X5) COMPLETION DATE |
| W 236 | Continued From pa | ge 36 | W 2 | 36 | | | |
| | Based on record redetermined the facinesponsible to monimidividuals (Individuals (Individuals reviewed). This individuals to receive without their implement The findings included of the findings included of the control disorder. None of the objective contained the name assigned to monitor Administrator states 3/25/11 from 11:20 title of the person as objectives needed to the contained the states of the person as objectives needed to the contained the states of the person as objectives needed to the contained the states of the person as objectives needed to the contained the states of the person as objectives needed to the contained the states of the person as objectives needed to the contained the states of the person as objectives needed to the contained the states of the person as objectives needed to the contained the states of the person as objectives needed to the contained the c | P, dated 2/11, documented a agnosed with moderate mental ADHD, PTSD, and impulse wes in his PBSP, dated 2/11, or title of the person them. When asked, the diduring an interview on a.m 1:10 p.m., the name or ssigned to monitor the o be added. | | | | | |
| | year old male whos | 11 IPP stated he was a 14 e diagnoses included bipolar c features, ADHD, mild and mood disorder. | | | | | |
| | contained the name assigned to monitor Administrator stated 3/23/11 from 10:25 title of the person as objectives needed to | | | | | | |
| | 5. Individual #38 IP | P, dated 2/11, documented a | | | | | |

| | T OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) M A. BUI | | IPLE CONSTRUCTION | (X3) DATE SU COMPLE | |
|--------------------------|---|---|-------------------|---|---|------------------------|----------------------------|
| | | 13G078 | B. WIN | | | 1 | -C 8/2011 |
| | PROVIDER OR SUPPLIER | | | 2 | REET ADDRESS, CITY, STATE, ZIP CODE 2311 ARUBA DRIVE NAMPA, ID 83686 | 00/20 | 0/2011 |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREF TAG | | PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY) | ULD BE | (X5) COMPLETION DATE |
| W 236 | 16 year old female retardation, ADHD, ODD, PTSD, devel anxiety disorder NC None of the objectic contained the name assigned to monito Administrator state 3/25/11 from 11:20 title of the person a objectives needed to developmental dela None of the objectic contained the name assigned to monito Administrator state 3/25/11 from 11:20 title of the person a objectives needed to The facility failed to person responsible and implementation identified for Individ 483.440(c)(5)(iv) IN Each written trainin implement the objective or sassess progress | diagnosed with mild mental reactive attachment disorder, opmental learning disorder, OS, and mood disorder. Wes in her PBSP, dated 2/11, e or title of the person rethem. When asked, the diduring an interview on a.m 1:10 p.m., the name or ssigned to monitor the to be added. PP, dated 3/11, documented a agnosed with pervasive ay. Wes in his PBSP, dated 3/11, e or title of the person rethem. When asked, the diduring an interview on a.m 1:10 p.m., the name or ssigned to monitor the to be added. The ensure the name or title of the for monitoring the progress of each objective was | W 2 | | | | |

| | T OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | A, BUI | | IPLE CONSTRUCTION IG | (X3) DATE SI COMPLE | TED |
|--------------------------|--|--|--------------------|-----|--|------------------------|----------------------------|
| | | 13G078 | B. WIN | IG_ | | | -C 8/ 2011 |
| | PROVIDER OR SUPPLIER | | • | 2 | REET ADDRESS, CITY, STATE, ZIP CODE 1311 ARUBA DRIVE NAMPA, ID 83686 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFI TAG | | PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY) | ULD BE | (X5) COMPLETION DATE |
| W 237 | Based on record redetermined the facility failed to behavior programs. Based on record redetermined the facility failed to behavior programs. Based on record redetermined the facility failed to behavior programs and frequency for w. | view and staff interview, it was allity failed to ensure the training the type and frequency of data acted for 4 of 4 individuals, whose PBSPs were used had the potential to from making objective grandividuals success or lack of angs include: 11 IPP stated he was a 14 anosed with mild mental P, dated 3/11, included the 1 objectives which did not data or frequency for which ected: on riate behaviors efiance aviors on 3/23/11 from 10:25 a.m inistrator stated directions for er not clearly spelled out in the ensure Individual #2's clearly stated the type of data which data was to be collected. 11 IPP stated he was a 10 allosed with pervasive | W2 | 237 | | | |

| | OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | 1, , | PLE CONSTRUCTION | (X3) DATE SU COMPLE | |
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| | | | A. BUILDIN | IG | l R | -C |
| | | 13G078 | B. WING | | | 8/2011 |
| NAME OF P | ROVIDER OR SUPPLIER | | 2 | REET ADDRESS, CITY, STATE, ZIP CODE 311 ARUBA DRIVE IAMPA, ID 83686 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY) | ULD BE | (X5) COMPLETION DATE |
| W 237 | following behavioral specify the type of control data was to be colled a physical assault as a verbal aggression. Task avoidance/deproperty destruction buring an interview 2:15 p.m., the Admid data collection were behavior programs. The facility failed to behavior programs and frequency for which was a property destruction were behavior programs. The facility failed to behavior programs and frequency for which was a program of the facility failed to behavior programs and frequency for which was a program of the facility failed to behavior programs and frequency for which was a program of the facility failed to behavioral disorder. Individual #1's PBS following behavioral specify the frequency be collected: - task avoidance - verbal aggression/- physical intimidation physical aggression/- physical aggression/- tantrums - sexually inappropriate when asked, the Admid and the program of the following behavioral specify the frequency becomes a physical intimidation of the facility of the faci | P, dated 3/11, included the l objectives which did not data or frequency for which ected: //intimidation of diance on an algorithm of an algorithm of a not clearly spelled out in the ensure Individual #4's clearly stated the type of data which data was to be collected. P, dated 2/11, documented a agnosed with moderate mental and DHD, PTSD, and impulse P, dated 2/11, included the lobjectives which did not cry and type of data that was to did | W 237 | | | |
| | | nethod and frequency was not | 13.55 A | | over the second | |

| | FOF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) M A. BUI | | PLE CONSTRUCTION G | (X3) DATE SI COMPLE | ETED |
|--------------------------|--|---|-------------------|-----|---|------------------------|----------------------------|
| | | 13G078 | B. WIN | 1G | | 1 | R-C 8/2011 |
| | ROVIDER OR SUPPLIER | | • | 23 | EET ADDRESS, CITY, STATE, ZIP CODE 311 ARUBA DRIVE AMPA, ID 83686 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREF TAG | | PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY) | OULD BE | (X5) COMPLETION DATE |
| W 237 | added. The facility failed to type of data to be or Individual #1. 4. Individual #3's IP 16 year old female retardation, ADHD, ODD, PTSD, develorance of the property disorder NO Individual #3's PBS following behavioral specify the frequency be collected: - task avoidance or inappropriate bourder property destructions or elopement. Additionally, the transaccusations stated Form if Individual # accusation. However, not specify what da Individual #3 actual. When asked, the A interview on 3/25/11 the data collection in specified in the progradded. The facility failed to | ensure the frequency and ollected was specified for P, dated 2/11, documented a diagnosed with mild mental reactive attachment disorder, opmental learning disorder, DS, and mood disorder. P, dated, 2/11, included the I objectives which did not cy and type of data that was to | W | 237 | | | |

| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: | | | (X2) M A, BUI | | PLE CONSTRUCTION G | (X3) DATE SURVEY COMPLETED | | |
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| | | 13G078 | B. WII | | | | -C 8/2011 | |
| | PROVIDER OR SUPPLIER | | | 23 | EET ADDRESS, CITY, STATE, ZIP CODE 311 ARUBA DRIVE AMPA, ID 83686 | | 5,2311 | |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREF TAG | | PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY) | OULD BE | (X5) COMPLETION DATE | |
| W 237 {W 239} | Individual #3. 483.440(c)(5)(vi) IN Each written trainin implement the obje program plan must appropriate express replacement of inapapplicable, with behappropriate. This STANDARD in | IDIVIDUAL PROGRAM PLAN g program designed to ctives in the individual specify provision for the sion of behavior and the opropriate behavior, if havior that is adaptive or s not met as evidenced by: view and staff interview, it was | W 2 | 237 | | | | |
| | determined the faci appropriate replace identified and incon intervention prograi (Individuals #1 and intervention plans v individuals not rece maladaptive behave 1. Individual #2's IP Diagnosis" section Bipolar disorder, m | lity failed to ensure ement behaviors were porated into the behavior ms for 2 of 4 individuals #2) whose behavior vere reviewed. This resulted in iving training to replace iors. The findings include: P stated in the "Medical that he was diagnosed with ixed with psychotic features, | | | | | | |
| | ADHD, and mood of Development" section diagnoses of ODD, command hallucing Individual #2's Fundated 3/11, stated behaviors which incommand the command incomplete in the command incomplete in the command incomplete in the command incomplete in the complete incomplete in the complete incomplete in the complete incomplete in the complete incomplete incomplete in the complete incomplete in the complete incomplete in the complete incomplete in the complete in the | lisorder. The "Affective ion of his IPP also included the PTSD and Visual/Audio ations. ctional Behavior Assessment, ne engaged maladaptive cluded the following: d as falling to the ground ing). f (defined as trying to avoid | | | | | | |

| | FOF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | A. BUI | | G | COMPLE. | TED |
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| | | 13G078 | B. WI | IG_ | | R- 03/28 | -C 3/2011 |
| | ROVIDER OR SUPPLIER | | • | 2 | REET ADDRESS, CITY, STATE, ZIP CODE 311 ARUBA DRIVE IAMPA, ID 83686 | | |
| (X4) ID PREF!X TAG | (EACH DEFICIENC) | ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREF TAG | | PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY) | ULD BE | (X5) COMPLETION DATE |
| (W 239) | - Task avoidance/d comply with staff re Individual #2's reco and incorporate appearations into his bas follows: a. Individual #2's Preplacement behave which stated "Giver [Individual #2] will a interaction with and interacting without language) in 60% consecutive month. The replacement of function of the behave functional Behavior the function of tantification wanted. b. Individual #2's Probjective for running avoidance/defiance verbal prompt or less in positive activities time (like fishing, getrials per month for However, the replate address the functional Behavior the Functional Behavior the Functional Behavior the sassessment in the assessment in | efiance (defined as refusing to equests or complete tasks). and did not sufficiently identify propriate replacement behavior intervention programs BSP, dated 3/11, included a prior objective for tantrums and direct verbal prompts, appropriately initiate an other resident (by verbally using derogatory or offensive of trials per month for 3 | {W 2 | 39} | | | |

| | OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | ` ´ | | PLE CONSTRUCTION | (X3) DATE SURV | |
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| | | | A. BUI | LDIN | G | R. | -c |
| | | 13G078 | B. WIN | IG _ | | 03/28 | 3/2011 |
| NAME OF PROVIDER OR SUPPLIER HOME AGAIN ICF | | | | 2 | REET ADDRESS, CITY, STATE, ZIP CODE 311 ARUBA DRIVE IAMPA, ID 83686 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFI TAG | | PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOUT CROSS-REFERENCED TO THE APPR DEFICIENCY) | ULD BE | (X5) COMPLETION DATE |
| {W 239} | he enjoys." During an interview a.m., the Administra replacement behav developed and nee. The facility failed to replacement behav incorporated into inprograms. 2. Individual #1's IP 13 year old male diaretardation, ODD, Acontrol. Individual #1's Funch Assessment, dated engaged in malada the following: - Task avoidance/dcomply with staff reschedule by ignorin - Property damage and facility property punching or kicking a. Individual #1's Pl replacement behav avoidance which stawhy it is important the with the school unif per month." However, the replace address the functional Behavior and the school Behavior and Be | on 3/24/11 from 9:05 - 11:45 ator stated Individual #2's iors were not sufficiently ded to be revised. ensure appropriate iors were identified and dividuals' behavior intervention P, dated 2/11, documented a agnosed with moderate mental ADHD, PTSD, and impulse | {W 2 | 39} | | | |

| | OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | A. BUI | | G | COMPLE | TED |
|--------------------------|---|---|-------------------|-----|--|--------|--|
| | | 13G078 | B, WIN | IG | | 1 | -C 8/ 2011 |
| | ROVIDER OR SUPPLIER | | | 23 | EET ADDRESS, CITY, STATE, ZIP CODE 311 ARUBA DRIVE AMPA, ID 83686 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREF TAG | | PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY) | ULD BE | (X5) COMPLETION DATE |
| {W 239} | task which was furt Individual #1 did no | ge 44 bidance as trying to avoid a her complicated because t understand the reasons e importance of hygiene | {W 2 | 39} | | | |
| | replacement behav stated "[Individual # response to frustra options presented t | BSP, dated 2/11, included a ior for property damage which [1] will identify an appropriate tion out of a choice of 2 o him by staff while he is calm month for 3 consecutive | | | | | |
| | address the function the Functional Beha | cement behavior did not n of the behavior as defined in avioral Assessment, which of property damage was to s environment. | | | | | |
| {W 252} | interview on 3/25/1 the programs for In behaviors needed t | dministrator stated during an 1 from 11:20 a.m 1:10 p.m., dividual #1's replacement o be revised. GRAM DOCUMENTATION | {W 2 | 52} | | | |
| | specified in client in | complishment of the criteria adividual program plan documented in measurable | | | | | The state of the s |
| | Based on record re was determined the was collected suffic of the intervention s | s not met as evidenced by: view and staff interviews, it e facility failed to ensure data siently to determine the efficacy strategies for of 4 of 4 lals #1 - #4) whose behavior | | | | | |

| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | (X2) M A. BUII | | PLE CONSTRUCTION IG | (X3) DATE SURVEY COMPLETED | | |
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| | | 13G078 | B. WIN | IG_ | | | -C B/2011 |
| | ROVIDER OR SUPPLIER | | · | 2 | REET ADDRESS, CITY, STATE, ZIP CODE 311 ARUBA DRIVE IAMPA, ID 83686 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFI TAG | | PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY) | OULD BE | (X5) COMPLETION DATE |
| {W 252} | data was reviewed. to impede the ability effectiveness of profindings include: 1. The facility used individuals' malada document "A" what and "C" after the m had additional space. ABC forms for Individual space and the imperatory individual space and additional space. ABC forms for Individual space and space and individual space and individual adequately assess strategies as followed as Individual #2's PBS engaged in the followed and individual #2's PBS engaged in the followed assault to swith harm, and yelling at any yell | That failure had the potential of the IDT in evaluating the organization of the IDT in evaluating the organization techniques. The an ABC form to record prive behaviors. Staff were to happened before, "B" during, aladaptive behavior. The form e for duration of the behavior. Viduals #1 - #4 were reviewed 1. The forms did not a information was collected is maladaptive behaviors to the efficacy of the intervention so the efficacy of the intervention so the was a 14 losed with mild mental. | {W 2 | 52} | | | |

| AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTI ADDITION OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTI A. BUILDIN | | | IPLE CONSTRUCTION | COMPLE | | | |
|--|--|---|--------------------|--------|---|--------|----------------------------|
| | | 13G078 | B. WIN | 1G _ | | I | -C |
| | PROVIDER OR SUPPLIER | 136076 | | 2 | REET ADDRESS, CITY, STATE, ZIP CODE 1311 ARUBA DRIVE NAMPA, ID 83686 | 03/28 | 3/2011 |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFI TAG | | PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY) | ULD BE | (X5) COMPLETION DATE |
| {W 252} | kicking and scream Running from staft supervision from st Sexually inappropt touching or grabbin sexually inappropria Suicidal ideation (threats or gestures Task avoidance/d comply with staff re Self injurious beha to make it bleed, pi himself) The data collected was not sufficient. not limited to, the for implication of the strike me, curseing sue [facility name], (and) hurt other Re Said vulger [sic] wo F, B, S bombs [sic] behavior happened Staff documented " started to redirect h calmy [sic] (and) or (and) running back The ABC form did r events (i.e., at what with what interventi were threatened, w how, how and who | ining) if (defined as trying to avoid aff) riate behaviors (defined as g women's chests or making ate comments or gestures) defined as making suicidal) efiance (defined as refusing to quests or complete tasks) aviors (defined as biting his lip inching himself, or hitting on Individual #2's ABC forms Examples included, but were ollowing: Indicated: "He screamed, we with a log (and) tried to [sic], hitting. Threatened to staff, Resident [sic], to kill sidents (and) to attack staff. Indicated the once and lasted 4 minutes. If put my arm around his (and) and to his room, I tried talking ally stopped him from hitting | {W 2 | 52} | | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X | (1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | I | PLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED | |
|---|--|-----------------------|---|-------------------------------|----------------------------|
| | | A. BUILDIN B. WING | | R | -C |
| | 13G078 | B. WING_ | | 03/2 | B/2011 |
| NAME OF PROVIDER OR SUPPLIER HOME AGAIN ICF | | 2 | REET ADDRESS, CITY, STATE, ZIP CODE 311 ARUBA DRIVE IAMPA, ID 83686 | | |
| PREFIX (EACH DEFICIENCY MI | MENT OF DEFICIENCIES JUST BE PRECEDED BY FULL JUST BY BY FULL JUST BY BY FULL JUST BY BY FULL JUST BY BY BY FULL JUST BY | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY) | JLD BE | (X5) COMPLETION DATE |
| Intense, Loud, Aggres Screaming, Spiting, C Biting [sic]. Threatenir Hit staff on arms, legs staff, sue [facility nam words along with a nu [sic]. ie go **** ****, * pi restrained humped staremarks." Staff docur numerous chances to could still have a chan was told his patients [wanted. He was aske was redirected to his restrained." Additional Individual #2 was "put behaved." The ABC form did not events (i.e., at what powith what intervention threatened, what "chameant, how he was reresponse to those interventions. When asked during and 10:25 a.m 2:15 p.m. the data collected on the sufficient to follow the interventions. b. Individual #4's 3/11 year old male diagnos developmental delay, dated 3/11, stated he - Physical aggression | dicated: "Violent, Horrible, ssive [sic]. Hitting, Cursing, Sexual Behavior, ng, Property Destruction. Is chest. Threatened to kill ne]. Said the F, B (and) Sumber of sexual remerks bunch window cover, while aff legs (and) made sexual mented "he was given to change behavior so he note on an outing[sic]. He [sic] would get what he room several times, he was ally, the form stated to the man restraint till he at document the sequence of the staff intervened and and ances to change behavior" redirected to his room, or his erventions. In interview on 3/23/11 from the Administrator stated the ABC sheets was not be behavior and assess | {W 252} | | | |

| AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | 1, , | LDING | COMPLE | COMPLETED | |
|---|---|---|-------------------|--|---|----------------------------|
| | | 13G078 | B. WIN | NG | | 8-C 8/2011 |
| | ROVIDER OR SUPPLIER | | | STREET ADDRESS, CITY, STATE 2311 ARUBA DRIVE NAMPA, ID 83686 | | 7.2011 |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREF TAG | IX (EACH CORRECTIVE CROSS-REFERENCED | N OF CORRECTION E ACTION SHOULD BE TO THE APPROPRIATE IENCY) | (X5) COMPLETION DATE |
| {W 252} | yelling, swearing, of comments to staff and comply with staff responsed and facility and and | n/intimidation (defined as remaking derogative or peers) efiance (defined as refusing to equests or complete tasks) on (defined as breaking y property) d as throwing items around acontrollably, and falling to the on Individual #4's ABC forms Examples included, but were following: indicated: "Resident started then resulted to [sic] kick the ing a tantrum, refusal to do objects, kicking door, shouting." the was given an option of (and) still refused to to resident to see why he was at could be done (and) still sumented "Help/Aid" was an of chores, eat breakfast, (and) and document the sequence of individual engage in property for after the options were naladaptive behavior interventions were tried other response Individual #4 had to ther than refusals, and what | {W 2 | 52} | | |

| | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) M A. BU | | TIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED | |
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| | | 13G078 | B. WII | | | 1 | -C 8/2011 |
| | PROVIDER OR SUPPLIER | | | 2 | REET ADDRESS, CITY, STATE, ZIP CODE 2311 ARUBA DRIVE NAMPA, ID 83686 | | 0,2011 |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | | PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY) | ULD BE | (X5) COMPLETION DATE |
| {W 252} | room, verbal commitil he can behave. by restraint." The ABC form did right maladaptive behavior directed towards, the interventions, Indivision interventions, the tyended the behavior. When asked during 11:20 a.m 1:10 p. the data collected of sufficient to follow to individuals' intervention. Individual #1's IP 13 year old male directed dividuals' intervention. Individual #1's PBS engaged in the followard and the follow to comply with staff schedule by ignoring. Verbal aggression yelling, swearing, or comments or gesture. Physical intimidation threatening gesture. Physical aggression at staff, hitting, kick do something he donormal to commit the defined ground, crying uncontrol to the committee of the co | Staff documented "Redirect to and asking him to go to room Had to be taken in his room on the document what initiated the for, who the behavior was be sequence of events and dual #4's response to the ripe of restraint used, and what all episode. If an interview on 3/25/11 from m., the Administrator stated on the ABC sheets was not the behavior and assessitions. Provided 2/11, documented a agnosed with moderate mental ADHD, PTSD, and impulse Provided 2/11, documented he wing: Ilefiance (defined as refusing requests or active treatment gor pretending to be asleep) Intimidation (defined as making servers to staff or peers) on (defined as making servers) on (defined as throwing things ing, and biting when asked to | {W 2 | :52) | | | |

| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: | | (X2) M A. BUI | | TIPLE CONSTRUCTION NG | (X3) DATE SURVEY COMPLETED | | |
|---|--|---|-------------------|------------------------|---|--------|----------------------------|
| | | 13G078 | B. WI | NG_ | | | -C 8/2011 |
| | PROVIDER OR SUPPLIER | | | | REET ADDRESS, CITY, STATE, ZIP CODE 2311 ARUBA DRIVE NAMPA, ID 83686 | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | | ID PREF TAG | | PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY) | ULD BE | (X5) COMPLETION DATE |
| {W 252} | and facility property punching or kicking - Inappropriate sex comments or gesturn himself, or doing set thimself, or doing set thimself, or doing set thimself, or doing set the data collected was not sufficient. The not limited to, the formal outing. He slam counter and threw a him that he would rif he continued the calmed down. What to sit in the front part another staff was a there. Individual #1 fence, and walked of the ABC from did incident occurred or when his behavior of it did not document intervention. - 3/18/11: Individual with another reside to fish alone and we pond. Individual #1 resident and engage. The ABC form did incident occurred or redirect the behavior of the data of the another the did incident occurred or redirect the behavior of the data of the another the another the data of the another | including breaking windows, walls, destroying his dresser) and (defined as making sexual res toward others, exposing exual acts in public) on Individual #1's ABC forms Examples included, but were ollowing: I #1 was getting ready to go on med his fists on the kitchen a pen. Staff verbally reminded not be able to go on the outing behavior. Individual #1 en getting in the van, he went assenger seat and was told Iready planning on sitting I stomped his feet, kicked the down the street while crying. Individual #1's reaction to the rescalated at the van. Further, Individual #1's reaction to the wanted to fish with the other ed in a tantrum when told no. Into document the time the red in a tantrum when told no. Into document the time the red in a tantrum when told no. | {W 2 | 52 | } | | |

| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: | | (X2) M A. BUI | | IPLE CONSTRUCTION IG | (X3) DATE SURVEY COMPLETED | | |
|---|--|--|-------------------|----------------------|---|--------|----------------------------|
| | | 13G078 | B, WIN | 1G _ | | | -C 8/ 2011 |
| | PROVIDER OR SUPPLIER | | | 2 | REET ADDRESS, CITY, STATE, ZIP CODE 2311 ARUBA DRIVE NAMPA, ID 83686 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL. SC IDENTIFYING INFORMATION) | ID PREF TAG | | PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY) | ULD BE | (X5) COMPLETION DATE |
| {W 252} | things." The form f "just kept refusing of me reasons why he It further stated who take his medication cups, filled them up floor. The ABC form did n behavior occurred of took place during th interventions used When asked, the A interview on 3/25/1 the data collection occurred and took comprehensive. d. Individual #3's IP 16 year old female retardation, ADHD, ODD, PTSD, develoanxiety disorder NO Individual #3's PBS she engaged in the - Angry emotional of an aggressive man including yelling, sy objects, invading pet to or hitting others) - Task avoidance (of with tasks on her ac ignoring, refusal, ar - Inappropriate bou inappropriate comm touching others with | urther stated Individual #1 didn't talk to me just kept giving e shouldn't take his meds [sic]." en Individual #1 did go in to is he grabbed medication o, and dumped them on the inot document the time the por the sequence of events that he behavior, including the by staff. Idministrator stated during an 1 from 11:20 a.m 1:10 p.m., was not sufficient or P, dated 2/11, documented a diagnosed with mild mental reactive attachment disorder, opmental learning disorder, DS, and mood disorder. | {W 2 | 52} | | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA | | | IPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED | | |
|---|---|--|--------------------|------|--|-------------------------------|----------------------------|--|
| ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | A. BUII | LDIN | IG | — R-C | | |
| | | 13G078 | B. WIN | IG _ | | | 8/2011 | |
| - | ROVIDER OR SUPPLIER | | | 2 | REET ADDRESS, CITY, STATE, ZIP CODE 2311 ARUBA DRIVE NAMPA, ID 83686 | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFI TAG | | PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY) | OULD BE | (X5) COMPLETION DATE | |
| {W 252} | gestures, and show body parts to staff a - Property damage door, tearing blinds - Difficulty falling as (defined as having worry and anxiety on ightmares) - Running away (destaff by running out window, and running. The data collected was not sufficient. not limited to, the formalso state she also refused he before school. The form also state #3 and she ignored attention to her birth up. The ABC form did in behavior occurred of interventions in resident behavior. - 3/21/11: Individual hat and ripped the interventions in resident and ripped the intervention in the intervention | ving inappropriate clothing or and peers) (defined as kicking walls and and destroying screens) sleep and staying asleep trouble falling asleep due to be waking up in the night due to effined as running away from the front door, going out her ag out of the car) on Individual #3's ABC forms Examples included, but were | {W 2 | 52} | | | | |

| | | IDENTIFICATION NUMBER: | A, BUI | | G CONSTRUCTION | COMPLE | |
|--------------------------|---|---|--------------------|----|--|---------|----------------------------|
| | | 13G078 | B. WIN | IG | | | I-C 8/2011 |
| | ROVIDER OR SUPPLIER | | | 2 | REET ADDRESS, CITY, STATE, ZIP CODE 311 ARUBA DRIVE IAMPA, ID 83686 | | -, |
| (X4) ID PREFIX TAG | (EACH DEFICIENC | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | ID PREFI TAG | | PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY) | OULD BE | (X5) COMPLETION DATE |
| {W 262} | progression of everall progression of everal | al #3 was asked to place her essert plate in the dishwasher. in a "stern voice" and "walked not document the time the e, what interventions staff used, as were effective. Administrator stated during an 1 from 11:20 a.m 1:10 p.m., was not sufficient or ensure data collected for aptive behaviors provided on to adequately assess the evention strategies. COGRAM MONITORING & ecommittee, involve risks to adrights. Is not met as evidenced by: eview and staff interviews, it e facility failed to ensure tions were implemented only of the human rights committee is (Individuals #1 and #2) interventions were reviewed. ack of protection of individuals' | {W 2 | | | | |
| | | ack of protection of individuals' r approvals of restrictive | | | | | |

| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: | | A. BUI | | PLE CONSTRUCTION G | COMPLETED | | |
|---|--|--|-------------------|-----------------------|---|--------|----------------------------|
| | | 13G078 | B. WIN | ۱G | | | -C 8/2011 |
| | ROVIDER OR SUPPLIER | 1000.0 | | 2 | REET ADDRESS, CITY, STATE, ZIP CODE 311 ARUBA DRIVE JAMPA, ID 83686 | 03/26 | 3/2011 |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREF TAG | | PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY) | ULD BE | (X5) COMPLETION DATE |
| {W 262} | interventions. The 1. Individual #2's 2/ year old male diagr retardation. a. Individual #2's Prequired close prox during waking hour The facility's Hierar policy, undated, sta supervision require implementation. In include documenta close proximity one During an interview 2:15 p.m., the Adm for Individual #2's o supervision had no b. The school atten time-out rooms, wh with magnetic locki Individuals could be doors held shut by mechanism with a room. On 3/22/11 from 11 #2's school Case N rooms were used fo However, Individual documentation of H time-out rooms. | findings include: 11 IPP stated he was a 14 mosed with mild mental BSP, dated 3/11, stated he simity one-to-one supervision is due to his behavioral needs. The object of Behavioral Interventions ated close proximity one-to-one dividual #2's record did not a tion of HRC approval for his e-to-one supervision. The one supervision. The object of the object of the object of the object one supervision. The object of th | {W 2 | 62} | | | |

| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: | | A. BUIL | JLTIPLE CON: .DING | STRUCTION | (X3) DATE SURVEY COMPLETED | |
|---|--|--------------------|-----------------------|--|-------------------------------|----------------------------|
| | 13G078 | B. WIN | G | | | -C 8/ 2011 |
| NAME OF PROVIDER OR SUPPLIER HOME AGAIN ICF | | | 2311 ARU | RESS, CITY, STATE, ZIP CODE BA DRIVE ID 83686 | | <i>372</i> 011 |
| PREFIX (EACH DEFICIENCY MU | MENT OF DEFICIENCIES JST BE PRECEDED BY FULL IDENTIFYING INFORMATION) | ID PREFI TAG | | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | | (X5) COMPLETION DATE |
| for the use of time-out obtained. The facility failed to en been obtained prior to close proximity one-to-time-out room use for 2. Individual #1's IPP, 13 year old male diagretardation, ODD, ADI control. a. Individual #1's PBSI required close proximi one-to-one supervision to his behavioral need. However, his record didocumentation of HRC one-to-one supervision. When asked, the Adminterview on 3/25/11 fr HRC approval for Individuals for Individuals could be plicated to the plicated supervision. The school attended time-out rooms, which with magnetic locking Individuals could be plicated supervision. On 3/22/11 from 11:25 | strator stated HRC approval rooms had not been assure HRC approval had the implementation of one supervision and Individual #2. dated 2/11, documented a mosed with moderate mental HD, PTSD, and impulse P, dated 2/11, stated he ity (two arm's length) on during waking hours due is. id not contain C approval for the use of | {W 26 | 52} | | | |

| | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | A. BUI | | TIPLE CONSTRUCTION NG | (X3) DATE SURVEY COMPLETED | |
|--------------------------|--|--|-------------------|-----|--|----------------------------|----------------------------|
| | | 13G078 | B. WIN | NG_ | | | -C 8/2011 |
| | ROVIDER OR SUPPLIER | | • | ; | REET ADDRESS, CITY, STATE, ZIP CODE 2311 ARUBA DRIVE NAMPA, ID 83686 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREF TAG | | PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY) | ULD BE | (X5) COMPLETION DATE |
| {W 262} | Continued From pa | ge 56 | {W 2 | 62) | | | |
| | documentation of H time-out rooms. | #1's record did not include RC approval for the use of | | | | | |
| | interview on 3/25/17 | dministrator stated during an from 11:20 a.m 1:10 p.m., ne use of time-out rooms for been obtained. | | | | | |
| {W 263} | been obtained prior close proximity one time-out room use t | ensure HRC approval had to the implementation of to-to-one supervision and for Individual #1. OGRAM MONITORING & | {W 2 | 63) | | | |
| | are conducted only | uld insure that these programs with the written informed t, parents (if the client is a dian. | | | | | |
| | Based on record re was determined the restrictive interventi with the written info parent/guardian for #1 and #2) whose r reviewed. This restriction individuals' rights the | s not met as evidenced by: view and staff interviews, it facility failed to ensure ons were implemented only rmed consent of the 2 of 4 individuals (Individuals estrictive interventions were alted in a lack of protection of rough prior consent for ons. The findings include: | | | | | |
| | | 11 IPP stated he was a 14 osed with mild mental | | | | | |
| | a. Individual #2's PE | 3SP, dated 3/11, stated he | | | Province Automatical Control of C | | |

| | OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) M | | IPLE CONSTRUCTION IG | (X3) DATE SI COMPLE | |
|--------------------------|--|--|-------------------|-----|---|------------------------|----------------------------|
| | | 13G078 | B. WI | | | 1 | -C B/2011 |
| | ROVIDER OR SUPPLIER | | • | 2 | REET ADDRESS, CITY, STATE, ZIP CODE 2311 ARUBA DRIVE NAMPA, ID 83686 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREF TAG | | PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY) | OULD BE | (X5) COMPLETION DATE |
| {W 263} | required close prox during waking hour The facility's Hierar policy, undated, sta supervision require implementation. In include documenta close proximity one During an interview 2:15 p.m., the Adm consent for Individuone-to-one supervision. The school attentime-out rooms, who with magnetic locki Individuals could be doors held shut by mechanism with a room. On 3/22/11 from 11 #2's teacher stated for Individual #2. However, Individual documentation of gime-out rooms. During an interview 2:15 p.m., the Adm consent for the use been obtained. The facility failed to been obtained prior | imity one-to-one supervision is due to his behavioral needs. The characteristic of the c | {W 2 | 63} | | | |

| | OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | ' ' | | PLE CONSTRUCTION | (X3) DATE SU COMPLE | |
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| | | 430079 | A. BUI | | | l | -C |
| NAME OF P | ROVIDER OR SUPPLIER | 13G078 | | етс | REET ADDRESS, CITY, STATE, ZIP CODE | 03/2 | 8/2011 |
| | GAIN ICF | | | 2 | 1311 ARUBA DRIVE NAMPA, ID 83686 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREF TAG | | PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPR DEFICIENCY) | JLD BE | (X5) COMPLETION DATE |
| {W 263} | time-out room use to 2. Individual #1's IP 13 year old male diaretardation, ODD, Acontrol. a. Individual #1's PI required close proxone-to-one supervisto his behavioral network to his behavioral netw | for Individual #2. P, dated 2/11, documented a agnosed with moderate mental ADHD, PTSD, and impulse BSP, dated 2/11, stated he imity (two arm's length) sion during waking hours due eds. d did not contain uardian consent for the use of | {W 2 | 63} | | | |
| | When asked, the A | dministrator stated during an | | | | | |

| | OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | ` ′ | | LE CONSTRUCTION | (X3) DATE SU COMPLE | |
|--------------------------|--|---|--------------------|------|---|------------------------|----------------------------|
| | | | A. BUII | DING | | R | -C |
| | | 13G078 | B. WIN | G | | | 8/2011 |
| NAME OF P | ROVIDER OR SUPPLIER | | | 23 | EET ADDRESS, CITY, STATE, ZIP CODE 11 ARUBA DRIVE AMPA, ID 83686 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFI TAG | 1 | PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY) | ULD BE | (X5) COMPLETION DATE |
| {W 263} | interview on 3/25/1 guardian consent for Individual #1 ha The facility failed to been obtained prior close proximity one time-out room use 483.450 CLIENT B PRACTICES The facility must en | 1 from 11:20 a.m 1:10 p.m., or the use of time-out rooms d not been obtained. ensure guardian consent had to the implementation of -to-one supervision and | {W 2 | | | | |
| | Based on record re was determined the techniques used to behavior were suffi implemented, and cresulted in individual | is not met as evidenced by: view and staff interviews, it e facility failed to ensure manage inappropriate ciently developed, consistently closely monitored. This failure als not receiving appropriate and interventions. The | | | | | |
| | failure to ensure be | s it relates to the facility's havioral assessments were isive, and accurately identified tral needs. | | | | | |
| | failure to ensure inc | s it relates to the facility's dividuals' IPPs included their behavioral needs. | | | | | |
| | failure to ensure inc | s it relates to the facility's dividuals' training programs and frequency of data to be | | | | | |

(X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES

PRINTED: 04/07/2011 FORM APPROVED OMB NO. 0938-0391

(X3) DATE SURVEY

| AND PLAN OF CORRECTION | IDENTIFICATION NUMBER: | A, BUI | LDING | 3 | COMPLE | TED |
|---|---|-------------------|-------|---|--------|----------------------------|
| | 13G078 | B. WI | IG | | | -C 8/ 2011 |
| NAME OF PROVIDER OR SUPPLIER HOME AGAIN ICF | | | 23 | EET ADDRESS, CITY, STATE, ZIP CODE 111 ARUBA DRIVE AMPA, ID 83686 | | |
| PREFIX (EACH DEFICIENCY | TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREF TAG | | PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY) | JLD BE | (X5) COMPLETION DATE |
| failure to ensure ap behaviors were ider individuals' behaviors. 5. Refer to W252 as failure to ensure da determine the effica strategies. 6. Refer to W276 as failure to ensure the approved interventional maladaptive behaviors. 7. Refer to W277 as failure to ensure be designated in a hier ranging from least in a hier ranging from least in the use of time-out. 9. Refer to W279 as failure to ensure the the use of time-out. 9. Refer to W285 as failure to ensure be implemented with so individuals' rights as individuals' rights as failure to ensure technical propriate behave and incorporated in the service of the | s it relates to the facility's propriate replacement of intervention programs. Is it relates to the facility's to acy of behavior intervention Is it relates to the facility's to acy of behavior intervention Is it relates to the facility's to behavior policy specified all cons to manage individuals' it is it relates to the facility's thavioral interventions were transported to most intrusive. Is it relates to the facility's thavioral interventions were transported to most intrusive. Is it relates to the facility's thavioral interventions were sufficient safeguards to protect | {W 2 | 66} | | | |

(X2) MULTIPLE CONSTRUCTION

Facility ID: 13G078

| | FOF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | A. BUI | | S | COMPLE | |
|--------------------------|--|---|-------------------|--|--|--------|----------------------------|
| | | 13G078 | B. WIN | IG_ | | | -C 8/2011 |
| , | PROVIDER OR SUPPLIER | | | 23 | EET ADDRESS, CITY, STATE, ZIP CODE 811 ARUBA DRIVE AMPA, ID 83686 | 03/20 | 0/2011 |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREF TAG | | PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY) | JLD BE | (X5) COMPLETION DATE |
| {W 266} W 276 | time-out rooms. 483.450(b)(1)(i) MC CLIENT BEHAVIOI Policies and proceed management of ina | GMT OF INAPPROPRIATE R dures that govern the appropriate client behavior sility approved interventions to | (W 2 | MINISTER | | | |
| | This STANDARD is Based on observation policies and proceed determined the facion behavior policy including manage maladaption of 4 individuals (Indiand had the potentiattending schools wase. This resulted | is not met as evidenced by: ion, review of the facility's dures, and staff interview it was ility failed to ensure the uded all interventions used to ve behavior which impacted 2 dividuals #1 and #2) reviewed, ial to impact all individuals where time out rooms were in in individuals being secluded without appropriate approvals. | | | | | |
| W 277 | failure to ensure po addressed all interv time-out rooms. | s it relates to the facility's olicies and procedures ventions being used, including GMT OF INAPPROPRIATE | W | 277 | | | |
| | inappropriate client these interventions implemented, rangi | vern the management of behavior must designate on a hierarchy to be ing from most positive or least ositive or most intrusive. | | THE STATE ASSESSMENT OF THE ST | | | |
| | | is not met as evidenced by: ion, review of the facility | | | | | |

| | FOF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) N A. BU | | PLE CONSTRUCTION | (X3) DATE SU COMPLE | |
|--------------------------|---|--|-------------------|-----|--|------------------------|----------------------------|
| | | 13G078 | B. WII | | | | -C 8/2011 |
| | ROVIDER OR SUPPLIER | | • | 2: | REET ADDRESS, CITY, STATE, ZIP CODE 311 ARUBA DRIVE IAMPA, ID 83686 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREF TAG | | PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY) | JLD BE | (X5) COMPLETION DATE |
| W 277 | determined the facilibehavior policy inclibehavior policy inclibehavior intervention from most positive impacted 2 of 4 ind #2) reviewed, and hindividuals attending rooms were in use. Tooms being used vapprovals. The find 1. During visits to the Individuals #1 and 1 and 1 and 1 and 1 and 1 and 1 and Individuals with a light policy, undated, divinto a level system the least restrictive restrictive. Level 3 required HRC approprior to implementa. The Level 3 interve "Time-out (exclusion) and windividuals and the control of the | lures, and staff interview it was lity failed to ensure the uded all positive and intrusive ons on a hierarchy ranging to most intrusive. This directly ividuals (Individuals #1 and had the potential to impact all g schools where time out. This resulted in time out without the necessary facility dings include: The school attended by #2, on 3/22/11 from 11:10 a.m., 25/11 from 10:00 - 10:15 a.m., 25/11 from 10:10 a.m., 25/11 f | W | 277 | | | |

| | FOF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) M A. BUI | | IPLE CONSTRUCTION IG | (X3) DATE SU COMPLE | |
|--------------------------|---|--|-------------------|------------|---|------------------------|----------------------------|
| | | 13G078 | B. WI | V G | | | -C 8/ 2011 |
| | ROVIDER OR SUPPLIER | | | 2 | REET ADDRESS, CITY, STATE, ZIP CODE 311 ARUBA DRIVE NAMPA, ID 83686 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREF TAG | | PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY) | ULD BE | (X5) COMPLETION DATE |
| W 277 | reinforcing setting in reinforcing value, by order to decrease of behavior." However any information regrooms and where the behavioral hierarch. During an interview 2:15 p.m., the Administrator in | hysical assistance, from a nto a setting with lower ut not a time-out room, in or eliminate an undesirable or, the policy did not include arding the use of time-out ne intervention would fall in the y. From 3/23/11 from 10:25 a.m inistrator stated time-out luded in the policy's hierarchy. Stated the policy needed to be rensure the time-out rooms #1 and Individual #2 were avioral hierarchy. MGMT OF CLIENT BEHAVIOR Vern the management of behavior must address the ms. Is not met as evidenced by: fon, review of the facility's lures, and staff interview it was lity failed to ensure the ressed the use of time-out y impacted 2 of 4 individuals #2) reviewed, and had the all individuals attending to out rooms were in use. This for procedures being developed elated to the use of time-out | w: | | | | |

| | OF DEFICIENCIES F CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | A. BUI | | IPLE CONSTRUCTION | COMPLE | TED |
|--------------------------|---|---|-------------------|-----|---|--------|----------------------------|
| | | 13G078 | B. WI | NG_ | | | -C B/ 2011 |
| NAME OF P | ROVIDER OR SUPPLIER | | • | 2 | REET ADDRESS, CITY, STATE, ZIP CODE 2311 ARUBA DRIVE NAMPA, ID 83686 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | TEMENT OF DEFICIENCIES YMUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREF TAG | | PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY) | ULD BE | (X5) COMPLETION DATE |
| W 279 | Individuals #1 and a - 12:15 p.m. and 3/two designated time Both rooms were s magnetic locking m Individuals could be doors held shut by mechanism with a room. On 3/22/11 from 11 #1 and Individual # both stated the time Individual #1 and Ir The facility's Hierar policy, undated, individual #1 and Ir The facility is resident is removed light physical assist setting into a setting but not a time-out reliminate an undes did not include any regarding time-out During an interview 2:15 p.m., the Adm rooms were not indiapproved interventithe policy needed to the facility failed to used for Individual. | ne school attended by #2, on 3/22/11 from 11:10 a.m. 25/11 from 10:00 - 10:15 a.m., e-out rooms were observed. mall padded rooms with nechanisms on the doors. e placed in the rooms and the staff engaging the door locking button on the wall outside the 1:25 a.m 2:15 p.m., Individual 2's school Case Managers e-out rooms were used for ndividual #2. The of Behavioral Interventions cluded a definition of "Time-out ical) A procedure in which a d, using verbal prompts and tance, from a reinforcing g with lower reinforcing value, oom, in order to decrease or irable behavior." The policy additional information rooms or their use. on 3/23/11 from 10:25 a.m inistrator stated time-out cluded in the policy as an ion. The Administrator stated | W | 279 | | | |
| W 285 | | IT OF INAPPROPRIATE R | W | 285 | | | |

| | OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) N A. BUI | | IPLE CONSTRUCTION NG | (X3) DATE SU COMPLE | |
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| NAME OF P | ROVIDER OR SUPPLIER | | • | 2 | REET ADDRESS, CITY, STATE, ZIP CODE 2311 ARUBA DRIVE NAMPA, ID 83686 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY) | | (X5) COMPLETION DATE |
| | behavior must be esafeguards and supsafety, welfare and clients are adequated. This STANDARD is Based on observatinterviews, it was densure techniques behavior were empsafeguards and supwelfare and civil an individuals (Individuals and individuals (Individuals and individuals and individuals. | nage inappropriate client imployed with sufficient pervision to ensure that the civil and human rights of | W | 285 | <u> </u> | | |
| | the inside of the do outward, but could magnetic locking sy on the outside wall | or. The doors opened be held shut with the use of ystems activated by a button of each room. Staff would system by maintaining | | | | | |

| | FOF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) M A. BUI | | FIPLE CONSTRUCTION NG | (X3) DATE SI COMPLE | TED |
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| | PROVIDER OR SUPPLIER | | | 2 | REET ADDRESS, CITY, STATE, ZIP CODE 2311 ARUBA DRIVE NAMPA, ID 83686 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREF TAG | | PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOUTH CROSS-REFERENCED TO THE APPLICATION OF THE APPLICA | OULD BE | (X5) COMPLETION DATE |
| W 285 | It was noted that, of door shut, an indivito one side of the difference of the window. Addition front of the door, observe the individual of the body that we with the door shut maintain visual control the individual inside. During an interview a.m., the school priwritten policies with time-out room if vision maintained with the On 3/22/11 from 11 #1 and Individual #2's Daily period in 3/11 were voluntarily went into and was placed in the time Individual #1's Daily period in 3/11 were was placed in the time Individual #1's Daily period in 3/11 were was placed in the time Individual #1's Daily period in 3/11 were was placed in the time Individual #1's Daily period in 3/11 were was placed in the time-out ti | nce inside the room with the dual could stand in the corner oor and not be seen through onally, when lying on the floor it would not be possible to ual's hands, face, or portions re against the door. it, it was not be possible to tact and ensure the safety of a the room. on 3/25/11 from 10:00 - 10:15 incipal stated there were no regards to entering the ual contact could not be individual inside the room. :25 a.m 2:15 p.m., Individual 2's school Case Managers e-out rooms were used for individual #2. The school cking Form to provide the facility regarding individuals' | W | 285 | | | |

| | OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | 1. / | | IPLE CONSTRUCTION | (X3) DATE SU COMPLE | | |
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| , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | A. BUI | A. BUILDING | | R | R-C | |
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| | ROVIDER OR SUPPLIER | | | 2 | REET ADDRESS, CITY, STATE, ZIP CODE 2311 ARUBA DRIVE | | | |
| | | | | | NAMPA, ID 83686 | | 1 | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC (DENTIFYING INFORMATION) | ID PREF TAG | | PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY) | ULD BE | (X5) COMPLETION DATE | |
| W 285 | Continued From pa | ige 67 | W 2 | 285 | | | | |
| | was aware the roor requirements. | ms did not meet regulatory | | | , | | | |
| {W 289} | were developed rel rooms to ensure In- rights and physical | ensure sufficient safeguards ated to the use of time-out dividual #1 and Individual #2's safety were protected. IT OF INAPPROPRIATE R | {W 2 | 89} | | | | |
| | inappropriate client incorporated into the | atic interventions to manage behavior must be le client's individual program with §483.440(c)(4) and (5) of | | | | | | |
| | Based on observat interviews it was de ensure techniques behavior were suffi incorporated into the individuals (Individuals ere reviewed. The appropriate interve | is not met as evidenced by: ion, record review, and staff etermined the facility failed to used to manage inappropriate ciently defined and the program plans for 4 of 4 uals #1 - #4) whose PBSPs is resulted in a lack of intions being in place to ensure oral needs were met. The | | | | | | |
| | 13 year old male di | PP, dated 2/11, documented a agnosed with moderate mental ADHD, PTSD, and impulse | | | | | | |
| | behavior and to tea | rams to manage inappropriate appropriate replacement rovided sufficient instructions | | | | | | |

| PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPL | STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | A. BUIL | JLTIPLE CONSTRUCTION | (X3) DATE S COMPLI | ETED |
|--|---|---|---|---------|---|--------------------------------|----------------------------|
| NAME OF PROVIDER OR SUPPLIER HOME AGAIN ICF STREET ADDRESS, CITY, STATE, ZIP CODE 2311 ARUBA DRIVE NAMPA, ID 83686 (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION) REGULATORY OR LSC IDENTIFYING INFORMATION) STREET ADDRESS, CITY, STATE, ZIP CODE 2311 ARUBA DRIVE NAMPA, ID 83686 (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE COMPL CROSS-REFERENCED TO THE APPROPRIATE DATE: OUT OF THE PROVIDER OF THE PROPERTY OF THE P | | 13G078 | | B. WIN | G | | |
| PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPL TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DA DA DA DA DA DA DA DA DA D | | LIER | | | 2311 ARUBA DRIVE | • | |
| | PREFIX (EACH DEFI | CIENCY MUST BE PRECEDED BY FULL | -ix | PREF1) | X (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE | ON SHOULD BE IE APPROPRIATE | (X5) COMPLETION DATE |
| a. Individual #1's PBSP, dated 2/11, contained an objective to reduce his instances of sexually inappropriate behavior (defined as making sexual comments or gestures toward others, exposing hirmself, or doing sexual acts in public). The instructions to staff consisted of one line which stated staff were not to give extra attention or approval to Individual #1 if he engaged in inappropriate sexually behavior. However, the instructions were not sufficient to indicate how staff were to intervene if Individual #1 engaged in inappropriate sexually behavior. When asked, the Administrator stated during an interview on 3/25/11 from 11:20 a.m 1:10 p.m., the instructions to staff needed to be revised. b. Individual #1's PBSP, dated 2/11, contained an objective to decrease instances of verbal aggression/intinidation (defined as yelling, swearing, or making derogative comments or gestures to staff or peers). The instructions to staff stated once Individual #1 engaged in verbal aggression, staff were to redirect him to his room or another calm are and if he corrected his behavior, they were to immediately praise him. However, there were no instructions to staff on how to intervene if Individual #1 did not correct his behavior. When asked, the Administrator stated during an interview on 3/25/11 from 11:20 a.m 1:10 p.m., the instructions to staff on how a intervene of Individual #1 did not correct his behavior. C. Individual #1's PBSP, dated 2/11, included a replacement behavior objective for verbal aggression/intinidation which stated "(Individual #1 engagession/intinidation which stated "(| a. Individual # objective to re inappropriate comments or himself, or do instructions to stated staff we approval to Ininappropriate However, the indicate how s #1 engaged in When asked, interview on 3 the instruction b. Individual # objective to de aggression/int swearing, or regestures to staff stated or aggression, stor another cal behavior, they However, there how to interve behavior. When asked, interview on 3 the instruction c. Individual # replacement is | I's PBSP, dated 2/11, contained an duce his instances of sexually behavior (defined as making sexual gestures toward others, exposing ng sexual acts in public). The staff consisted of one line which ere not to give extra attention or dividual #1 if he engaged in sexually behavior. Instructions were not sufficient to taff were to intervene if Individual inappropriate sexual behavior. In the Administrator stated during an (25/11 from 11:20 a.m 1:10 p.m., is to staff needed to be revised. I's PBSP, dated 2/11, contained an excease instances of verbal imidation (defined as yelling, naking derogative comments or aff or peers). The instructions to be cellindividual #1 engaged in verbal aff were to redirect him to his room on area and if he corrected his were to immediately praise him, he were no instructions to staff on the if Individual #1 did not correct his the Administrator stated during an (25/11 from 11:20 a.m 1:10 p.m., is to staff needed to be revised. I's PBSP, dated 2/11, included a tehavior objective for verbal | a. obination in state application with the b. ob gesting or be Holde With the c. re | | 39} | | |

| | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) M A. BUI | | PLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED | |
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| | ROVIDER OR SUPPLIER | | | 2: | REET ADDRESS, CITY, STATE, ZIP CODE 311 ARUBA DRIVE IAMPA, ID 83686 | 00.20 | |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREF TAG | | PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY) | OULD BE | (X5) COMPLETION DATE |
| {W 289} | #1] will calmly refuse 50% of trials for 3 of trials for him speech." The plan also state rate of positive rein behavior when Indivover-stimulated. The plan also state rate of positive rein behavior when Indivover-stimulated. The plan stated start of the state of positive rein behavior when Indivover-stimulated. The plan stated start of the state of positive rein behavior when the respect of the uses nice word word include instruction of the staff of the sta | e an unpreferred [sic] task in consecutive months." aff should have a goal set that orking toward that is that is tied to respectful did not include information appropriate goal was, what individual #1, or what neant. d staff were to increase the forcement for positive vidual #1 became ne plan did not include ng what behaviors Individual he was over-stimulated or | {W 2 | 89} | | | |

| | T OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | A, BUI | | PLE CONSTRUCTION G | COMPLE | TED |
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| | PROVIDER OR SUPPLIER | | | 2 | REET ADDRESS, CITY, STATE, ZIP CODE 311 ARUBA DRIVE IAMPA, ID 83686 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | | ULD BE | (X5) COMPLETION DATE | |
| (W 289) | stated if "[Individual immediate risk to h manually restrain h Restraint until he minimself or others. as soon as [Individual immediate threat did not clearly defin "immediate threat." When asked, the A interview on 3/25/1 the instructions to sclearly define when placed into and relevant define when placed into and relevant define which is staff about his feelif for 3 consecutive manually. The plan stated stall individual #1 and reanxiety. The plan is staff regarding what displayed when he werbal interventions the plan did not incontent interventions" were Further, the plan standing interventions the plan did not incontent interventions were supported by the plan did not incontent interventions were supported by the plan did not incontent interventions were supported by the plan did not incontent interventions were supported by the plan did not incontent interventions were supported by the plan did not incontent interventions were supported by the plan did not incontent interventions were supported by the plan did not incontent interventions. | I #1's] behaviors present an imself or others, staff will im using the CPI Team to longer poses a threat to The restraint is to be removed ual #1] is no longer presenting it." However, the instructions is what was considered an individual #1 should be eased from the restraint. BSP, dated 2/11, included a mior objective for physical stated "[Individual #1] will talk to ings in 50% of trials per month months." Iff were to be available to eassure him if he displayed did not include instructions to it behaviors Individual #1 was anxious. If staff were to use "strong is with Individual #1. However, lude what "strong verbal" | {W 2 | 89} | | | |

| AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | | A. BUI | | G | COMPLETED | |
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| | ROVIDER OR SUPPLIER | | • | 23 | EEET ADDRESS, CITY, STATE, ZIP CODE 311 ARUBA DRIVE IAMPA, ID 83686 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREF TAG | į | PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY) | ULD BE | (X5) COMPLETION DATE |
| {W 289} | feelings (e.g. how to expressed anxiety, When asked, the A interview on 3/25/1 the training prograr replacement behave f. Individual #1's PE objective to decrea (defined as breakin including breaking walls, destroying histaff stated staff we CPI team restraint others ever came in instructions did not be placed in and rewise won 3/25/1 the instructions to sclearly define when placed into and relegation of the placement behave damage which state an appropriate respective of 2 options he is calm in 50% of consecutive month. The plan stated who over-stimulated, state area in which to call | respond if Individual #1 fear, joy, sadness, etc.). dministrator stated during an 1 from 11:20 a.m 1:10 p.m., ms for Individual #1's iors needed to be revised. 3SP, dated 2/11, contained an se property destruction g personal and facility property windows, punching or kicking s dresser). The instructions to ere to place Individual #1 in a if his safety or the safety of into question. However, the clearly define when he should leased from the restraint. dministrator stated during an 1 from 11:20 a.m 1:10 p.m., staff needed to be revised to Individual #1 should be eased from the restraint. BSP, dated 2/11, included a ior objective for property ed "[Individual #1] will identify bonse to frustration out of a presented to him by staff while of trials per month for 3 s." en Individual #1 became aff were to assist him to find an im down. The plan did not regarding what behaviors | {W 2 | 89} | | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | | | (X3) DATE SURVEY COMPLETED | |
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| | | | A. BUI | | JG | R | |
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| | ROVIDER OR SUPPLIER GAIN ICF | | | 2 | REET ADDRESS, CITY, STATE, ZIP CODE 2311 ARUBA DRIVE NAMPA, ID 83686 | | |
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| (W 289) | Continued From pa | ge 72 | {W 2 | 89} | | | |
| | story about a child whim 2 choices of ho not include information was located, if there available to Individu to be read to Individuate over-stimulated day, etc.) | d staff were to read him a who was frustrated and give live to respond. The plan did tion regarding where the story was more than one story all #1, or when the story was dual #1 (e.g., only when he d, at specific times during the | | | | | |
| | interview on 3/25/17 the training program | dministrator stated during an 1 from 11:20 a.m 1:10 p.m., ns for Individual #1's iors needed to be revised. | | | | | |
| | replacement behav avoidance which sta why it is important to | BSP, dated 2/11, included a ior objective for task ated "[Individual #1] will state o wear clothes that are in line orm to school in 50% of trials | | | | | |
| | important for [Indivi- are in line with the s to understand terms the specific reason code was important potential expulsion, etc.). Additionally, t instructions to staff was to explain why clothes in accordan as stated in his objective | | | | | | |
| | interview on 3/25/11 | dministrator stated during an 1 from 11:20 a.m 1:10 p.m., ns for Individual #1's | | | | | |

| | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) M A. BUI | | IPLE CONSTRUCTION IG | (X3) DATE SURVEY COMPLETED | |
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| | ROVIDER OR SUPPLIER | | • | 2 | REET ADDRESS, CITY, STATE, ZIP CODE 2311 ARUBA DRIVE NAMPA, ID 83686 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREF TAG | | PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY) | ULD BE | (X5) COMPLETION DATE |
| {W 289} | i. Individual #1's PB replacement behavintimidation and tan #1] will ask for a bretask in 50% of trials months." The plan stated star Individual #1 and reanxiety. The plan distaff regarding what displayed when he werbal interventions the plan did not inclinterventions" were. When asked, the Adinterview on 3/25/12 the training program replacement behavior. The facility failed to interventions to man and to teach appropriate incorporated in 2. Individual #3's IP 16 year old female or retardation, ADHD, ODD, PTSD, develoanxiety disorder NO Individual #3's program and to teach appropriately disorder NO Individual #3's program and to teach appropriately disorder NO Individual #3's program and to teach appropriately disorder NO Individual #3's program and to teach appropriately disorder NO Individual #3's program and to teach appropriately disorder NO Individual #3's program and to teach appropriately disorder NO Individual #3's program and to teach appropriately disorder NO Individual #3's program and to teach appropriately disorder NO Individual #3's program and to teach appropriately disorder NO Individual #3's program and to teach appropriately disorder NO Individual #3's program and to teach appropriately disorder NO Individual #3's program and to teach appropriately disorder NO Individual #3's program and to teach appropriately appropri | SP, dated 2/11, included a ior objective for physical trums which stated "[Individual eak during a non-preferred per month for 3 consecutive of were to be available to eassure him if he displayed id not include instructions to the behaviors Individual #1 was anxious. If staff were to use "strong " with Individual #1. However, ude what "strong verbal dministrator stated during an a from 11:20 a.m 1:10 p.m., as for Individual #1's iors needed to be revised. | {W 2 | 89} | | | |

| NAME OF PROVIDER OR SUPPLIER HOME AGAIN ICF CAUTURE CAUTURE | STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | | | (X3) DATE SURVEY COMPLETED | |
|--|---|---|--|----------------------------|-----|---|-------------------------------|------------|
| MAME OF PROVIDER OR SUPPLIER HOME AGAIN ICF SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) [W 289] Continued From page 74 to staff as follows: a. Individual #3's PBSP, dated 2/11, contained an objective for decreasing task avoidance (defined as refusing to comply with tasks on her active treatment schedule by ignoring, refusal, and isolation in her room). The instructions to staff stated if Individual #3' refused to move to the next task, she was to be told that she needed to stay in her room until she was ready to complete the request. However, it was not clear how staff were to run the intervention if Individual #3 was avoiding a task or request by isolating in her bedroom. When asked, the Administrator stated during an interview on 3/25/11 from 11:20 a.m 1:10 p.m., the definition of task avoidance needed to be revised. b. Individual #3's PBSP, dated 02/11, included a replacement behavior objective for task avoidance which stated "[Individual #3] will identify a positive way that her positive behavior effects her environment when presented with a | | | | | | | R | -C |
| HOME AGAIN ICF (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) (W 289) Continued From page 74 to staff as follows: a. Individual #3's PBSP, dated 2/11, contained an objective for decreasing task avoidance (defined as refusing to comply with tasks on her active treatment schedule by ignoring, refusal, and isolation in her room). The instructions to staff stated if Individual #3 refused to move to the next task, she was to be told that she needed to stay in her room until she was ready to complete the request. However, it was not clear how staff were to run the intervention if Individual #3 was avoiding a task or request by isolating in her bedroom. When asked, the Administrator stated during an interview on 3/25/11 from 11:20 a.m 1:10 p.m., the definition of task avoidance needed to be revised. b. Individual #3's PBSP, dated 02/11, included a replacement behavior objective for task avoidance with the repositive behavior effects her environment when presented with a | | | 13G078 | B. WIF | VG. | | 03/2 | 8/2011 |
| ### (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ### (W 289) ### (W 28) ### (W 289) ### (W 28) ### (| | | | | | 2311 ARUBA DRIVE | | |
| to staff as follows: a. Individual #3's PBSP, dated 2/11, contained an objective for decreasing task avoidance (defined as refusing to comply with tasks on her active treatment schedule by ignoring, refusal, and isolation in her room). The instructions to staff stated if Individual #3 refused to move to the next task, she was to be told that she needed to stay in her room until she was ready to complete the request. However, it was not clear how staff were to run the intervention if Individual #3 was avoiding a task or request by isolating in her bedroom. When asked, the Administrator stated during an interview on 3/25/11 from 11:20 a.m 1:10 p.m., the definition of task avoidance needed to be revised. b. Individual #3's PBSP, dated 02/11, included a replacement behavior objective for task avoidance which stated "[Individual #3] will identify a positive way that her positive behavior effects her environment when presented with a | PREFIX | (EACH DEFICIENCY | / MUST BE PRECEDED BY FULL | PREF | | (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO | JLD BE | COMPLETION |
| The plan stated staff were to "talk to [Individual #3] about her day and her emotions daily before she begins to display inappropriate behaviors." The plan did not include instructions to staff regarding how they were to anticipate Individual #3's inappropriate behaviors or what inappropriate behaviors meant. The plan further stated she was to receive high rates of reinforcement and attention for positive | {W 289} | a. Individual #3's Pl objective for decreas refusing to comp treatment schedule isolation in her room stated if Individual # task, she was to be in her room until sh request. However, it was not the intervention if Intask or request by it When asked, the A interview on 3/25/1 the definition of task revised. b. Individual #3's Pl replacement behav avoidance which stridentify a positive we effects her environm scenario by staff in consecutive months. The plan stated sta #3] about her day a she begins to display the plan did not incregarding how they #3's inappropriate behave. The plan further states are plan further states are replan further states. | BSP, dated 2/11, contained an asing task avoidance (defined by with tasks on her active by ignoring, refusal, and m). The instructions to staff #3 refused to move to the next at told that she needed to stay ie was ready to complete the told that she needed to stay ie was ready to complete the told that she needed to stay in a solating in her bedroom. Individual #3 was avoiding an a solating in her bedroom. Individual #3 was avoiding an an 1 from 11:20 a.m 1:10 p.m., is avoidance needed to be a literal with a row of trials per month for 3 is." Individual #3 will way that her positive behavior ment when presented with a row of trials per month for 3 is." If were to "talk to [Individual and her emotions daily before any inappropriate behaviors." is clude instructions to staff were to anticipate Individual behaviors or what wiors meant. | {W 2 | 89 | , | | |

| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | (X2) M | | IPLE CONSTRUCTION IG | (X3) DATE SURVEY COMPLETED | | |
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| | PROVIDER OR SUPPLIER | | | 2 | REET ADDRESS, CITY, STATE, ZIP CODE 1311 ARUBA DRIVE NAMPA, ID 83686 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREF TAG | | PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY) | DULD BE | (X5) COMPLETION DATE |
| {W 289} | related to what "hig reinforcing to Individual behaviors she displet when asked, the A interview on 3/25/1 the training program replacement behaved. Individual #3's Personal space, and others). The instruction of the strain her using the sign of the sign of the sign of the strain her using the sign of the | did not include information h" levels were, what was dual #3 or what positive ayed. dministrator stated during an 1 from 11:20 a.m 1:10 p.m., ns for Individual #3's iors needed to be revised. BSP, dated 2/11, contained an asing angry emotional as acting in an aggressive and peers including yelling, ng, throwing objects, invading d attempting to or hitting ctions to staff stated if haviors present an immediate hers, staff will manually he CPI Team Restraint until he as a threat to himself [sic] or nt is to be removed as soon as esenting an immediate threat." ctions did not clearly define and an "immediate threat." dministrator stated during an 1 from 11:20 a.m 1:10 p.m., taff needed to be revised to Individual #3 should be hased from the restraint. BSP, dated 02/11, included a hior objective for angry which stated "[Individual #3] what she wants 50% of trials | {W 2 | 89} | | | |

| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: | | (X2) M A. BUI | | PLE CONSTRUCTION IG | (X3) DATE SURVEY COMPLETED | | |
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| | ROVIDER OR SUPPLIER | | • | 2 | REET ADDRESS, CITY, STATE, ZIP CODE 311 ARUBA DRIVE NAMPA, ID 83686 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREF TAG | | PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY) | ULD BE | (X5) COMPLETION DATE |
| {W 289} | she begins to displate The plan did not incregarding how they #3's inappropriate behave. The plan further state continuous supervisis status. The plan direlated to what behave to indicate her emointervene based on The plan also state Individual #3 when wanted or did not wanted or did not wanted or did not wanted to do, allowed want to do, allowed want to do, etc. include instructions Individual #3 did not did not want to do. When asked, the A interview on 3/25/1 the training program replacement behave. Individual #3's Plobjective for decrease boundaries (defined comments towards others without perminappropriate ways, inappropriate ways, | and her emotions daily before ay inappropriate behaviors." clude instructions to staff were to anticipate Individual behaviors or what | {W 2 | 89} | | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | | (X2) M A. BUI | | TPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED | | |
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| (X4) ID PREFIX TAG | (EACH DEFICIENCY | TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREF TAG | | PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOT CROSS-REFERENCED TO THE APP DEFICIENCY) | OULD BE | (X5) COMPLETION DATE | |
| {W 289} | However, the instructed fine how staff we exhibited inapproprize community. When asked, the A interview on 3/25/1 the instructions to staff behaviors present a others, staff will marked to himself [to be removed as spresenting an immediate of trials and the stage of the staff behaviors present a others, staff will marked to himself [to be removed as spresenting an immediate of the staff propriet of the staff propriet of the staff will marked to himself [to be removed as spresenting an immediate of the staff propriet of th | ctions to staff did not clearly are to intervene if Individual #3 iate boundaries while in the dministrator stated during an 1 from 11:20 a.m 1:10 p.m., staff needed to be revised. BSP, dated 02/11, included a ior objective for inappropriate tated "[Individual #3] will ways to get attention in 90% for 3 consecutive months." Iff were to "maintain all boundaries with [Individual bowever, the plan did not regarding what "appropriate is meant (e.g. arm's length | {W 2 | 89} | | | | |

| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: | | (X2) M A. BUI | | IPLE CONSTRUCTION IG | (X3) DATE SURVEY COMPLETED | | |
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| {W 289} | considered an "imm When asked, the A interview on 3/25/1 the instructions to s clearly define when placed into and rele h. Individual #3's Pi replacement behav destruction which s attention though po through Replaceme trials per month for "Replacement Obje #3] will identify a po behavior effects he with a scenario by s for 3 consecutive m The plan stated sta appropriate physica #3] at all times." He include information physical boundaries distance, side hugs When asked, the A interview on 3/25/1 the training program replacement behav i. Individual #3's PE objective for decrea allegations (defined threatening to accu The instructions to | dministrator stated during an 1 from 11:20 a.m 1:10 p.m., staff needed to be revised to Individual #3 should be eased from the restraint. BSP, dated 02/11, included a ior objective for property tated "[Individual #3] will seek estive ways identified by her ent Objective #2 in 75% of 3 consecutive months." Her ective #2" stated "[Individual estive way that her positive renvironment when presented estaff in 70% of trials per month enoths." Iff were to "maintain all boundaries with [Individual estaff in 70% of trials per month enoths." Iff were to "maintain all boundaries with [Individual estaff in 70% of trials per month enoths." Iff were to "maintain all boundaries with [Individual estaff in 70% of trials per month enoths." If were to "maintain all boundaries with [Individual estaff in 70% of trials per month estaff in 70% of trials per | {W 2 | 89} | | | |

| | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | ' ' | | TIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED | |
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| (W 289) | interview on 3/25/11 the instructions to significant plan did not incregarding what "residual #3 to specificant with the training program replacement behave asleep which stated her bed time routing consecutive months." When asked, the Asinterview on 3/25/11 the training program replacement behave asleep which stated her bed time routing consecutive months. However, the instruction program replacement behave as a seep which stated her bed time routing consecutive months. However, the instruction program replacement behave #3's bed time routing when asked, the Asinterview on 3/25/12. | dministrator stated during an 1 from 11:20 a.m 1:10 p.m., staff needed to be revised. SSP, dated 02/11, included a ior objective for making false stated "[Individual #3] will show speaking respectfully to them 3 consecutive months." Clude instructions to staff spectful" meant or how to teach ask to staff respectfully. dministrator stated during an 1 from 11:20 a.m 1:10 p.m., as for Individual #3's iors needed to be revised. BSP, dated 02/11, included a ior objective for difficulty falling in "[Individual #3] will engage in e in 80% of trials for 6 s." ctions to staff for the ior did not provide Individual | {W 2 | 89} | | | |
| | I. Individual #3's PB replacement behavi | SP, dated 02/11, included a lor objective for running away idual #3] will talk to staff about | | | | | |

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES (X1) BROVIDER/SUBBLIER/CLIA

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| {W 289} | her feelings in 70% months." The plan stated sta #3 about her feelin routine. However, instructions to staff Individual #3 refuse how to respond if I feelings (e.g. how anger, frustrations. When asked, the A interview on 3/25/1 the training program replacement behaves a lindividual #2's 2 year old male diagretardation. Individual mappropriate behaving the placement behaving the placement behaving the placement of staff a. Individual #2's Pengaged in physical hitting, kicking, and intent to harm). In Behavior Assessm function of the behavior a particular staff be over-stimulated. However, his PBSI staff regarding how appropriate attention | aff were to speak to Individual g during her nightly hygiene the plan did not include regarding how to respond if ed to talk about her feelings or ndividual #3 did talk about her to respond if she expressed joy, etc.) Administrator stated during an 1 from 11:20 a.m 1:10 p.m., ms for Individual #3's viors needed to be revised. //11 IPP stated he was a 14 mosed with mild mental dual #2's programs to manage vior and to teach appropriate viors did not provided sufficient as follows: BSP, dated 3/11, stated he al aggression (defined as d/or spitting on others with dividual #2's Functional ent, dated 3/11, stated the avior was to get attention from ut it would also occur if he was a done and to engage Individual #2 in on seeking or redirection from that it would provided engaging in the dividing prior to engaging in the | {W 28 | 89} | | | |

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| (X4) ID PREFIX TAG | (EACH DEFICIENCY | TEMENT OF OEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREF TAG | | PROVIDER'S PLAN OF CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRINTED DEFICIENCY) | JLD B E | (X5) COMPLETION DATE |
| {W 289} | b. Individual #2's PI teasing or provoking yelling at, and/or an other residents or sithe other residents or sithe other resident or manor). Individual #2's Fund stated the function attention and he en However, his PBSF staff regarding how appropriate attention provoking others provoking and screaming). Individual #2's Fund stated the function something he wanted the function of grabbin sexually inappropriate touching or grabbin sexually inappropriate individual #2's Fund stated the function stated the function stated the function stated the function of the stated the stated the function of the stated the state | BSP stated he engaged in g others (defined as poking, by other action directed at the staff with the intent of getting or staff to react in a negative ectional Behavior Assessment of the behavior was to gain joyed provoking others. If did not include directions to to engage Individual #2 in the ior. BSP stated he engaged in its falling to the ground kicking ectional Behavior Assessment of the behavior was to get ed. If did not include directions to the did not include directions to get ed. If did not include directions to the engage Individual #2 in the emgage Individual #2 in the emgage Individual #2 in the emgage Individual #2 in the emgaging in the | {W 2 | 89} | | | |

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| {W 289} | Continued From pa | ge 82 | {W 2 | 89} | | | |
| | staff regarding how gaining attention are in the maladaptive address the "hormone. Individual #2's Plinjurious behaviors make it bleed, pinchimself). Individual #2's Fund stated the function attention from staff he is." However, his PBSF staff regarding how | or did not include directions to a to engage Individual #2 in oppropriately without engaging behavior, or what to do to onal function" of the behavior. BSP stated he engaged in self (defined as biting his lip to hing himself, or hitting ctional Behavior Assessment of the behavior was to get and to "show staff how angry or did not include directions to a to engage Individual #2 in on seeking or expression of | | 3 | | | |
| | anger prior to engal behavior. f. Individual #2's PE replacement behaviors aggression towards others, tantrums, subehaviors, and self stated "Given direct #2] will appropriate another resident (busing derogatory or trials per month for The plan stated statem over-stimulating behaviors. | ging in the maladaptive 3SP, dated 3/11, included a rior objective for physical so others, teasing/provoking exually inappropriate injurious behaviors which t verbal prompts, [Individual ly initiate an interaction with y verbally interacting without offensive language) in 60% of 3 consecutive months." | | | | | |
| | the plan did not incl | lude information related to lating environment was. | | | | | |

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| NAME OF PROVIDER OR SUPPLIER HOME AGAIN ICF STREET ADDRESS, CITY, STATE, ZIP CO 2311 ARUBA DRIVE NAMPA, ID 83686 | |
| (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF COFPREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE DEFICIENCY) | SHOULD BE COMPLETION |
| The plan stated staff were to verbally prompt Individual #2 to initiate an interaction with another individual by asking if they wanted to play with him. Staff were to then verbally praise him for initiating an interaction appropriately. The plan did not include instructions to staff regarding what to do if Individual #2 did not initiate an appropriate interaction. g. Individual #2's PBSP stated he engaged in verbal assault to staff (defined as treating staff with harm, and yelling or cursing at staff or other residents). Individual #2's Functional Behavior Assessment stated the function of the behavior was to avoid undesirable tasks or to avoid particular situations. However, the PBSP did not include directions to staff regarding how to engage Individual #2 in the undesirable task or to avoid tasks without engaging in verbal assault. h. Individual #2's PBSP stated he engaged in task avoidance/defiance (defined as refusing to comply with staff requests or complete tasks). Individual #2's Functional Behavior Assessment stated the function of the behavior was task avoidance but "it has a greater function of irritating the staff which he enjoys." However, the PBSP did not include directions to staff regarding how to engage Individual #2 in the task he was trying to avoid without engaging in the maladaptive behavior. i. Individual #2's PBSP included a replacement objective for verbal assault to staff and task | |

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| {W 289} | avoidance/defiance verbal prompts or le respectfully refuse trials per week for a additional replacem avoidance/defiance prompt or less, [Indipositive activities that time (like fishing, gatrials per month for The plan stated stanon-preferred task Individual #2 to refuplan did not include tasks were non-prefired tasks were non-prefixed the function personal items or punching or kicking. Individual #2's Function his negative emotion his negative emotion his negative emotion. However, the PBSF staff regarding how release of negative engaging in the mark. Individual #2's PI running from staff (supervision from staff (supervision from stated was to irritate and purpose the passessment stated was to irritate and purpose the passessment stated was to irritate and purpose the passes the passes the passes the passes that the passes the passes that | which stated "Given 2 direct ess, [Individual #2] will an unwanted task in 60% of 3 consecutive months." An ent for task stated "Given a direct verbal lividual #2] will engage in eat he enjoys during his free ardening etc) [sic] in 80% of 3 consecutive months." If were to choose a for the day to prompt use respectfully. However the enformation regarding what ferred for Individual #2. Is P stated he engaged in the (defined as destroying his reperty of the facility by I walls, doors, or his dresser). In the behavior Assessment of the behavior was to "release and energy." In did not include directions to the engage Individual #2 in emotional energy prior to ladaptive behavior. Is P stated he engaged in defined as trying to avoid aff). His Functional Behavior the function of the behavior | {W 2 | 89} | | | |
| | | | | | | | |

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| {W 289} | I. Individual #2's PB objective for runnin "Given a direct verb #2] will engage in p during his free time [sic] in 80% of trials months." The plan stated sta avoid over-stimulative plan did not included what an over-stimulative plan did not included what an over-stimulative plan did not included and need directions to staff we #2's PBSP and need in the plan did not included in the plan did | f without engaging in the or. SP included a replacement g from staff which stated pal prompt or less, [Individual ositive activities that he enjoys (like fishing, gardening etc) per month for 3 consecutive ff were to help Individual #2 ng environments. However, ude information regarding lating environment was. on 3/24/11 from 9:05 - 11:45 ator stated Individual #2's iors were not sufficiently ded to be revised and the ere not sufficient in Individual | {W 2 | 89) | | | |

| | ENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURV COMPLETE | | | | | | |
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| {W 289} | undesired task or s in the maladaptive lab. Individual #4's Pl replacement object towards others white verbal prompt or less break during a nonper month for 3 coron The plan stated state from over-stimulating the plan did not include what an over-stimulating the plan also state Individual #4 to ask before he expressed plan did not include how to anticipate In c. Individual #4's Pl verbal aggression/in swearing, or making staff or peers). Ind Behavior Assessment behavior was to confluence to the maladaptive bed. Individual #4's Pl avoidance/defiance comply with staff re Individual #4's Fundividual #4's Fundividu | deek attention without engaging behavior. BSP, dated 3/11, included a live for physical aggression ch stated "Given a direct as, [Individual #4] will ask for a preferred task in 50% of trails ascutive months." If were to redirect Individual #4 and environments. However, and information related to lating environment was. If staff were to prompt a task, and frustration. However, the information to staff regarding adividual #4's frustration. BSP stated he engaged in an intimidation (defined as yelling, go derogative comments to invidual #4's Functional and stated the function of the introl his environment. If did not include directions to a to engage Individual #4 in an intimidation. BSP stated he engaged in task and the company of the engaged in task and the company of the engaged in task and the engaged in | {W 2 | 89} | | | |

| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: | | (X2) M | | IPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED | | |
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| (W 289) | Continued From pa | ge 87 | {W 2 | 89} | | | |
| | staff regarding how undesired task or e without engaging in e. Individual #4's P property destruction personal and facility Individual #4's Fund stated the function | P did not include directions to to engage Individual #4 in the encourage independence the maladaptive behavior. BSP stated he engaged in (defined as breaking y property). Ectional Behavior Assessment of the behavior was gain vironment and exert his | | | | | |
| | staff regarding how | | | | | | |
| | objective for verbal avoidance/defiance which stated "Giver less, [Individual #4] | aggression/intimidation, task and property destruction 2 direct verbal prompts or will request a change in his trials for 3 consecutive | | | | | |
| | [Individual #4] is wo meaningful to him t speech." The plan related to how staff | off were to "have a goal set that brking toward that is that is tied to respectful did not include information were to set a goal, what was idual #4, or what respectful | | | | | |
| | | d staff were to redirect bedroom or outside when he | | | | | |

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| {W 289} | was becoming over plan did not include what "over-stimulat" The plan stated he rate of positive reinbehavior." The plan related to what "inc positive reinforcem "positive behavior" The plan stated sta #4's schedule with him to request a sc plan did not include how to respond who schedule change of #4 did not want his g. Individual #4's Plantrums (defined a room, crying uncon ground). Individual Assessment stated was to communicated was to communicated the maladaptive be h. Individual #4's Plobjective for tantrur verbal prompt or less taff about his feeling for 3 consecutive m. The plan stated stated was taked to the maladaptive means the plan stated stated | restimulated in the home. The instructions to staff regarding ed" meant for Individual #4. was to receive "an increased forcement for positive in did not include information reased rate" meant, what was ent for Individual #4, or what was. If were to review Individual him in the morning and prompt hedule change. However, the instructions to staff regarding en Individual #4 requested a rehow to respond if Individual schedule changed. BSP stated he engaged in as throwing items around the trollably, and falling to the #4's Functional Behavior the function of the behavior the function of the behavior the instructions to a to engage Individual #4 in unication without engaging in havior. BSP included a replacement ms which stated "given a direct is so, [Individual #4] will talk to ings in 50% of trials per month | {W 2 | 89} | | | |

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| | PROVIDER OR SUPPLIER | | | 23 | EET ADDRESS, CITY, STATE, ZIP CODE 811 ARUBA DRIVE AMPA, ID 83686 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREF TAG | | PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOT CROSS-REFERENCED TO THE APPROPRIES OF T | ULD BE | (X5) COMPLETION DATE |
| (W 289) | However, the plan related to what an owas. The plan also state listening skills when about his feelings, include instructions respond when Indiversions (e.g., howexpressed anger, for the placement behave developed and need directions to staff which which was a many the Administrate replacement behave developed and need directions to staff which which was a prevented conditions are metted. A client may be plated egress is prevented conditions are metted. (i) The placement systematic time-out paragraph (b) of the placement of a client allowed.) (ii) The client is unsupervision of designation of designation in the pressure from a state of the placement of the | did not include information over-stimulating environment of staff were to use active in Individual #4 wanted to talk. However, the plan did not it to staff regarding how to vidual #4 expressed different in the to to respond when he ear, sadness, joy, etc.) on 3/24/11 from 9:05 - 11:45 ator stated Individual #4's riors were not sufficiently ided to be revised and the ere not sufficient in Individual edded to be revised. E OUT ROOMS ced in a room from which is a part of an approved it program as required by its section. (Thus, emergency int into a time-out room is not inder the direct constant visual gnated staff. It is room is held shut by staff or quiring constant physical aff member to keep the | {W 2 | | | | |

PRINTED: 04/07/2011 FORM APPROVED OMB NO. 0938-0391

| | OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) M A. BUI | | PLE CONSTRUCTION G | COMPLE | TED |
|--------------------------|---|--|-------------------|-----|---|--------|----------------------------|
| | | 13G078 | B. WI | 1G | | | -C 8/2011 |
| | ROVIDER OR SUPPLIER | | | 23 | EET ADDRESS, CITY, STATE, ZIP CODE 311 ARUBA DRIVE AMPA, ID 83686 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREF TAG | | PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOWN CROSS-REFERENCED TO THE APPR DEFICIENCY) | ULD BE | (X5) COMPLET≀ON DATE |
| W 291 | not implemented. individuals (Individuals (Individuals (Individuals attending schools vuse. This resulted time-out rooms whe could not be maintated. 1. During visits to the Individuals #1 and second rooms were not wide and 9 feet decoffset to one side. That was approximate inches high. A papt door which could be interior walls of both the inside of the door which could magnetic locking syon the outside wall engage the locking physical contact with the window. Addition front of the door, observe the individual #1 and Individual #1 and Individual #1 both stated the times. | d time out procedures were This directly impacted 2 of 4 als #1 and #2) reviewed, and impact all individuals where time-out rooms were in in individuals being placed in ere constant visual supervision ained. The findings include: The findings include: The school attended by Eq. on 3/22/11 from 11:10 a.m. The findings include: The school attended by Eq. on 3/22/11 from 11:10 a.m. The cout rooms were assessed. The door contained a window ately 5 inches wide by 18 The door | W | 291 | | | |

Facility ID: 13G078

| | T OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) M A. BUI | | riple construction | (X3) DATE S COMPLI | ETED |
|--------------------------|---|---|-------------------|-----|---|-----------------------|----------------------------|
| | | 13G078 | B. WI | NG_ | | | R-C 2 8/2011 |
| | PROVIDER OR SUPPLIER | | | : | REET ADDRESS, CITY, STATE, ZIP CODE 2311 ARUBA DRIVE NAMPA, ID 83686 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREF TAG | | PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY) | HOULD BE | (X5) COMPLETION DATE |
| W 291 | utilized a Daily Trace documentation to the usage of the rooms included a line for eand columns to trace behavioral goals. As a column for "Over "Comments." The in the Overall Ratin voluntarily went into the individual was staff. No additionate to the facility by the Individual #2's Daily period in 3/11 were voluntarily went into and was placed in the time of the stated there were mand structure of time stated there were mand structure of time stated there were mand structure of time stated there were mand to the maintant the room. During an interview 2:15 p.m., the Admaware the time-out seen the rooms. The was aware the room requirements, but of the columns and the room in the room. | cking Form to provide the facility regarding individuals' is. The Daily Tracking Form each period of the school day ck the individual's IEP additionally, the Form included all Rating" and a column for school would document "QRS" g column if the individual to the time-out room or a "QR" if placed in the time-out room by I documentation was provided | W | 291 | | | |

| | OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIR | | | ETED |
|--------------------------|--|---|---------------------|---|------------------------------|----------------------------|
| | | 13G078 | B. WING | | | R-C 8/2011 |
| | ROVIDER OR SUPPLIER | | 23 | EET ADDRESS, CITY, STATE, ZIP C 311 ARUBA DRIVE AMPA, ID 83686 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY) | N SHOULD BE E APPROPRIATE | (X5) COMPLETION DATE |
| W 291 | at the facility. The facility failed to used for Individual designed such that could be maintaine the rooms. 483.470 PHYSICAL | ensure that time-out rooms #1 and Individual #2 were continual visual observation d when individuals were inside L ENVIRONMENT nsure that specific physical | W 291 W 406 | | | |
| W 438 | Based on observat review it was determensure the physical risk to the health and staff at the facility. Individuals being pland from the potential | evelop and implement detailed rocedures to meet all potential lisasters such as fire, severe | W 438 | | | |

| AND PLAN OF CORRECTION DENTIFICATION NUMBER: | | 1, , | (X2) MULTIPLE CONSTRUCTION A. BUILDING | | | (X3) DATE SURVEY COMPLETED | |
|--|--|--|--|-----|--|-------------------------------|----------------------------|
| | | 13G078 | B. WII | NG_ | | | R-C 8/2011 |
| | ROVIDER OR SUPPLIER | | - | 2 | REET ADDRESS, CITY, STATE, ZIP CODE 2311 ARUBA DRIVE NAMPA, ID 83686 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREF TAG | | PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY) | OULD BE | (X5) COMPLETION DATE |
| W 438 | Based on observation review it was determined to the facility and has the facility and has the facility and has taff and individuals entered Individuals entered Individuals entered Individuals entered Individuals entered Individuals entered Individuals fresulted in the potential suffer serious harm fire or other emerged 1. Individual #5's 5/year old female dia retardation, mood of developmental disconstruction of a freactive attachment She had multiple before had multiple before had multiple before and a medifficulty manipulation limited time frame. Individual #5's Occidated 2/15/11, stated difficulty manipulation in the focused turn her head to somoving object, resulted she focused turn her head to somoving object, resulted and the focus of the a.m., Individual #5's Once in the room, I was shut, closing the room. When the | on, interview, and record mined the facility failed to plans were sufficiently lemented necessary to ensure I safety. This failure directly ividuals (Individual #5) residing at the potential to impact all so (Individuals #1 - #8) who estive bedroom. This failure intial for individuals and staff to a impairment, or death from encies. The findings include: 10 IPP stated she was a 16 gnosed with mild mental disorder NOS, pervasive order NOS, scoliosis, age to the spinal cord due to fuild-filled area within the cord), at disorder, and convulsions. The findings include in the neck. In a surgeries, shunts, rods in tall plate in her neck. In a surgeries, shunts, rods in tall plate in her neck. In a surgeries within a in the assessment further straight ahead and did not an her environment or track a sulting in her having "very and responses to actions I facility on 3/24/11 at 10:29 as bedroom was observed. Individual #5's bedroom door are RSM and surveyor inside the RSM and surveyor inside the RSM attempted to exit the poor knob came off in her hand. | W | 438 | | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | IULTIPL LDING | E CONSTRUCTION | | (X3) DATE SURVEY COMPLETED | |
|--|---|---|-------------------|------------------|--|---------------------------------|-------------------------------|--|
| | | 13G078 | B. WI | NG | | | R-C 28/2011 | |
| | ROVIDER OR SUPPLIER | | • | 231 | T ADDRESS, CITY, STATE, ZIP 1 ARUBA DRIVE MPA, ID 83686 | • | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREF TAG | | PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC | ION SHOULD BE HE APPROPRIATE | (X5) COMPLETION DATE | |
| W 438 | first having to repla opening mechanism stated the door known individual #5's bedra 3/25/11 at 9:04 a.m. Individual #5's door The lack of an open Individual #5's physher 2/15/11 Occupate the potential for lescape from her beother emergency, individual (Individual who entered Individual who entered Individual who entered Individual forgotten about it of a local store that me purchased a replace. The facility's Emergundated, did not incomposible during a find The facility failed to and procedures we implemented in order of emergency escal. | ble to open the door without ce the door knob on the m. At that time, the RSM be would be replaced that day. Toom was again observed on a. At that time, it was noted knob had not been replaced. Table door knob, coupled with sical limitations as described in ational Therapy Evaluation, led individual #5's inability to edroom in the event of fire or Additionally, any other als #1 - #4 and #6 - #8) or staff dual #5's bedroom and closed ected to the same risks. Do a.m., the RSM stated she the door knob the previous day be fixed. However, she had in 3/24/11 and had stopped by orning (on 3/25/11) and | W | 438 | | | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | | ' ' | (X2) MULTIPLE CONSTRUCTION A. BUILDING | | (X3) DATE SURVEY COMPLETED | |
|---|--|--|-------------------|---|--|-------------------------------|----------------------------|
| | | 13G078 | B. WI | 1G | | | l-C 8/2011 |
| NAME OF PROVIDER OR SUPPLIER HOME AGAIN ICF | | | | | REET ADDRESS, CITY, STATE, ZIP CODE 311 ARUBA DRIVE IAMPA, ID 83686 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREF TAG | | PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCEO TO THE API DEFICIENCY) | IOULD BE | (X5) COMPLETION DATE |
| W 438 | notified of the immerinoperable door known The Administrator of correction on 3/2 stated: "We will have the drawn All door knobs that serve as primary exchecked and any the This will be compled 3/25/2011. No resist the rooms with effect of the rooms with effect of the shut until they [sic] replaced. The RSM to ensure that all dothat all primary measuremergency are oped door knobs that are replaced immediated. On 3/25/11 at 10:48 #5's bedroom door | ediate jeopardy due to the ob on Individual #5's bedroom. Submitted an immediate plan 15/11 at 10:37 a.m., which oor knob fixed immediately. are attached to doors that kit in case of emergency will be nat are loose will be replaced. Ited by 2:00 pm. [sic] dents will be allowed to be in octed door knobs with the door door knobs have been of will monitor the facility daily por knobs are functional and ans of escape in case of erational and accessible. Any er not operational will be | W | 438 | | | |

Bureau of Facility Standards STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING 13G078 03/28/2011 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 2311 ARUBA DRIVE HOME AGAIN ICF NAMPA, ID 83686 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX PREFIX DATE REGULATORY OR LSC (DENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) M 000 16.03.11 Initial Comments M 000 The following deficiencies were cited during the See of one of our follow up survey. The survey was conducted by: Michael Case, LSW, QMRP, Team Leader Barbara Dern, QMRP Taylor Barkley, Facility Fire Safety and Construction Common abbreviations/symbols used in this report are: ABC - Antecedent, Behavior, Consequence ADHD - Attention Deficit Hyperactive Disorder AQMRP - Assistant Qualified Mental Retardation Professional BID - Twice Daily CPI - Crisis Prevention Intervention - a behavioral intervention system which includes physical restraint FAS - Fetal Alcohol Syndrome HRC - Human Rights Committee ICF/MR - Intermediate Care Facility for Persons with Mental Retardation 1DT - Interdisciplinary Team IEP - Individual Education Plan IPP - Individual Program Plan NOS - Not Otherwise Specified ODD - Oppositional Defiant Disorder PBSP - Positive Behavior Support Plan PSR - Psychosocial Rehabilitation PTSD - Post Traumatic Stress Disorder QMRP - Qualified Mental Retardation Professional RSM - Resident Service Manger MM164 16.03.11.075.04 Development of Plan of Care MM164 To Participate in the Development of Plan of Care. The resident must have the opportunity to

Bureau of Facility Standards

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Adno

(X6) DATE

Bureau of Facility Standards (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING 13G078 03/28/2011 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 2311 ARUBA DRIVE HOME AGAIN ICF NAMPA, ID 83686 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PRÉFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) MM164 MM164 Continued From page 1 participate in his plan of care. Residents must be advised of alternative courses or care and treatment and their consequences when such alternatives are available. The resident's preference about alternatives must be elicited and considered in deciding on the plan of care. A resident may request, and must be entitled to. representation and assistance by any consenting person of his choice in the planning of his care and treatment. This Rule is not met as evidenced by: Based on record review and staff interview, it was determined the facility failed to ensure sufficient information was provided to parents/guardians on which to base consent decisions for 2 of 4 individuals (Individuals #1 and #2) whose written informed consents were reviewed. This resulted in a lack of accurate information being provided to the individuals' guardians on which to base plan of care decisions. The findings include: 1. Individual #1's IPP, dated 2/11, documented a 13 year old male diagnosed with moderate mental retardation, ODD, ADHD, PTSD, and impulse control disorder. a. Individual #1's record indicated he received 1 mg of quanfacine (an antihypertensive drug) twice daily. His record included a quardian consent, dated 11/20/10, and a verbal HRC consent, dated 3/16/11, which stated Individual #1 received guanfacine for task avoidance/defiance (defined as refusing to comply with staff requests or complete tasks) related to ADHD. However, Individual #1's Medical Plan of Reduction, dated 2/11, stated he received

Bureau of Facility Standards

guanfacine for verbal aggression/intimidation

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIES IDENTIFICATION NUM | | | (X2) MULTIPLE CONSTRUCTION A. BUILDING | | (X3) DATE SURVEY COMPLETED | | |
|--|---|---|---|----------------------|---|--------------------|--------------------------|
| 13G078 | | | B. WING _ | | | ₹ 8/2011 | |
| NAME OF P | ROVIDER OR SUPPLIER | 100070 | STREET AD | DRESS, CITY, | STATE, ZIP CODE | 00,1 | 0, 20 , , |
| HOME A | GAIN ICF | | 2311 ARU NAMPA, I | IBA DRIVE D 83686 | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | TEMENT OF DEFICIENCIE MUST BE PRECEDED BY SC IDENTIFYING INFORMA | FULL | ID PREFIX TAG | PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY) | HOULD BE | (X5) COMPLETE DATE |
| MM164 | Continued From pa | ge 2 | | MM164 | | | |
| MM164 | (defined as yelling, derogative commer peers) related to AD When asked, the A interview on 3/25/1 Individual #1 receiv aggression/intimidal provided to the gual accurate. b. Individual #1's remg of Strattera (a codaily. His record included 11/20/10, and a ver 3/16/11, which state task avoidance/deficomply with staff rerelated to ADHD. However, Individual Reduction, dated 2/ Strattera for verbal (defined as yelling, derogative commer peers) related to AD When asked, the A interview on 3/25/1 Individual #1 receiv aggression/intimidal provided to the gual accurate. The facility failed to | swearing, or making of sor gestures to sta DHD. dministrator stated do from 11:20 a.m 1 ed the guanfacine footion and the consent radian and HRC were cord indicated he received Stratte ance (defined as refuguests or complete to the strated he received Stratte ance (defined as refuguests or complete to the strated he received aggression/intimidatis swearing, or making of the strattera for votion and the consent radian and HRC were ensure Individual #1 | ff or uring an :10 p.m., r verbal s not ceived 40 m drug) dated era for using to asks) f ed for uring an :10 p.m., erbal s not | MM164 | | | |
| | • | acine and Strattera co | | | | | |

6899

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIE IDENTIFICATION NU. | | | (X2) MULTI | PLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED | | |
|---|--|--|--|---------------------|--|--------|--------------------------|
| 13G078 | | | B. WING | | R 03/28/2011 | | |
| NAME OF P | ROVIDER OR SUPPLIER | | STREET ADD | DRESS, CITY, | STATE, ZIP CODE | | |
| HOME A | GAIN ICF | | 2311 ARU NAMPA, II | BA DRIVE D 83686 | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | NTEMENT OF DEFICIENCIE MUST BE PRECEDED BY SC IDENTIFYING INFORMA | FULL | ID PREFIX TAG | PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHOWN CROSS-REFERENCED TO THE APPR DEFICIENCY) | JLD BE | (X5) COMPLETE DATE |
| MM164 | Continued From pa | nge 3 | | MM164 | | | |
| | 2. Individual #2's 2/year old male diagr retardation. Individ stated he received 15 mg for aggression However, Individual Form, dated 3/15/1 consent dated 3/16 verbal assault. During an interview a.m., the Administra Abilify was for physiassault. The Administra assault. The Administra Administration of the Administra Abilify was for physiassault. The Administration of th | 11 IPP stated he was nosed with mild ment ual #2's PBSP, dated Abilify (an antipsychoon. I #2's HRC Approval 1, which included guid/11, stated Abilify was ator stated Individual ical aggression, not won an ended to be revious ensure Individual #2 ensure Individual #2 | al d 3/11, otic drug) Request ardian s for 5 - 11:45 #2's verbal onsent sed. | | | | |
| {MM194} | 16.03.11.075.10(a) Committee Has been reviewed human rights committee | et as evidenced by: | e facility's | {MM194} | | | |
| | was determined the restrictive intervent with the approval of for 2 of 4 individual whose restrictive in This resulted in a la | eview and staff intervi- e facility failed to ensi- ions were implement f the human rights co s (Individuals #1 and terventions were revi- ack of protection of in approvals of restricti- findings include: | ure ed only ommittee #2) iewed. idividuals' | | | | |
| | | 11 IPP stated he was nosed with mild ment | | | | | |

Bureau of Facility Standards

retardation.

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/STATEMENT OF DEFICIENCIES IDENTIFICATION NUMBER | | | (X2) MULTIPLE CONSTRUCTION A. BUILDING | | (X3) DATE SURVEY COMPLETED | | |
|---|---|--|--|--------------------------|--|---------|--------------------------|
| 13G078 | | | B. WING _ | R 03/28/201 ² | | | |
| NAME OF P | ROVIDER OR SUPPLIER | | STREET ADI | DRESS, CITY, S | STATE, ZIP CODE | | |
| HOME A | GAIN ICF | | 2311 ARU NAMPA, II | BA DRIVE D 83686 | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | TEMENT OF DEFICIENCIE MUST BE PRECEDED BY SC IDENTIFYING INFORMA | FULL | ID PREFIX TAG | PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY) | OULD BE | (X5) COMPLETE DATE |
| (MM194) | Continued From pa | ge 4 | | {MM194} | | | |
| | a. Individual #2's PBSP, dated 3/11, stated he required close proximity one-to-one supervision during waking hours due to his behavioral needs. | | | | | | |
| | The facility's Hierarchy of Behavioral Interventions policy, undated, stated close proximity one-to-one supervision required HRC approval prior to implementation. Individual #2's record did not include documentation of HRC approval for his close proximity one-to-one supervision. | | | | | | |
| | During an interview on 3/23/11 from 10:25 a.m 2:15 p.m., the Administrator stated HRC approval for Individual #2's close proximity one-to-one supervision had not been obtained. | | | | | | |
| | b. The school attended by Individual #2 utilized time-out rooms, which were small padded rooms with magnetic locking mechanisms on the doors. Individuals could be placed in the rooms and the doors held shut by staff engaging the door locking mechanism with a button on the wall outside the room. | | | | | | |
| | Individual #2's scho | :25 a.m 2:15 p.m., ool Case Manager sta e used for Individual | ated the | | | | |
| | | l #2's record did not i IRC approval for the | | | | | |
| | 2:15 p.m., the Adm | on 3/23/11 from 10: inistrator stated HRC out rooms had not be | approval | | | | |
| | The facility failed to | ensure HRC approv | al had | | | | |

Bureau of Facility Standards STATE FORM

M9F012

| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CI IDENTIFICATION NUMBER | | | (X2) MULTIPLE CONSTRUCTION A. BUILDING | | (X3) DATE SURVEY COMPLETED | | |
|---|--|--|---|----------------------|--|-------------|--------------------------|
| 13G078 | | | B. WING _ | | I . | ₹ 8/2011 | |
| NAME OF P | ROVIDER OR SUPPLIER | 132313 | STREET ADI | DRESS, CITY, | STATE, ZIP CODE | | <u></u> |
| HOME A | GAIN ICF | | 2311 ARU NAMPA, II | IBA DRIVE D 83686 | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | TEMENT OF DEFICIENCIES MUST BE PRECEDED BY SC IDENTIFYING INFORMA | FULL | ID PREFIX TAG | PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY) | IOULD BE | (X5) COMPLETE DATE |
| {MM194} | Continued From pa | ge 5 | | {MM194} | | | |
| {MM194} | been obtained prior close proximity one time-out room use for the country of time-out room use for the country of time-out room use for the country of the c | to the implementation agnosed with modera ODD, ADHD, PTSD, BSP, dated 2/11, statimity (two arm's lenguesion during waking hereds. Individual waking how the implementation of the implementation in the implementation in the placed in the rooms staff engaging the dowith a button on the increase of the implementation in the impleme | nented a ate and led he th) ours due use of uring an :10 p.m., roximity tained. utilized ed rooms he doors. and the or wall | {MM194} | | | |
| | However, Individual documentation of H time-out rooms. | #1's record did not in IRC approval for the | use of | | | | |
| | vviien askeu, me A | dministrator stated di | uring an | | | | |

Bureau of Facility Standards

M9F012

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CL IDENTIFICATION NUMBER | | | (X2) MULTIPLE CONSTRUCTION A. BUILDING | | (X3) DATE SURVEY COMPLETED | | |
|--|--|--|---|---------------------|--|---------|--------------------------|
| | 13G078 | | | B. WING _ | | 03(3) | R 8/2011 |
| NAME OF F | ROVIDER OR SUPPLIER | 130070 | STREET AD | DRESS CITY : | STATE, ZIP CODE | 03/2 | 0/2011 |
| INAME OF P | ROVIDER OR SUPPLIER | | | JBA DRIVE | 51/A12, 211 3652 | | |
| HOME A | GAIN ICF | | NAMPA, I | | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | TEMENT OF DEFICIENCIE. MUST BE PRECEDED BY SC IDENTIFYING INFORMA | FULL | ID PREFIX TAG | PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APF DEFICIENCY) | OULD BE | (X5) COMPLETE DATE |
| {MM194} | Continued From pa | ge 6 | | {MM194} | | | |
| | HRC approval for the Individual #1 had not t | ensure HRC approv to the implementation to-one supervision a | al had | | | | |
| {MM196} | i} 16.03.11.075.10(c) Consent of Parent or Guardian | | | {MM196} | | | |
| | or guardian, or after representative; and This Rule is not me Based on record rewas determined the restrictive interventiwith the written inforparent/guardian for #1 and #2) whose reviewed. This restrictive individuals' rights the | | ews, it ure ed only dividuals as were ection of for | | | | |
| | | 11 IPP stated he was osed with mild menta | | | | | |
| | required close proxi | BSP, dated 3/11, stat imity one-to-one supo s due to his behavior | ervision | | | | |
| | proximity one-to-on guardian consent poundividual #2's reco | , undated, stated close e supervision require rior to implementation | ed n. | | | | |

Bureau of Facility Standards

PRINTED: 04/07/2011 FORM APPROVED Bureau of Facility Standards STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A BUILDING B. WING 13G078 03/28/2011 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2311 ARUBA DRIVE HOME AGAIN ICF NAMPA, ID 83686 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PRÉFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) {MM196} Continued From page 7 {MM196} proximity one-to-one supervision. During an interview on 3/23/11 from 10:25 a.m. -2:15 p.m., the Administrator stated guardian consent for Individual #2's close proximity one-to-one supervision had not been obtained. b. The school attended by Individual #2 utilized time-out rooms, which were small padded rooms with magnetic locking mechanisms on the doors. Individuals could be placed in the rooms and the doors held shut by staff engaging the door locking mechanism with a button on the wall outside the room. On 3/22/11 from 11:25 a.m. - 2:15 p.m., Individual #2's teacher stated the time-out rooms were used for Individual #2. However, Individual #2's record did not include documentation of guardian consent for the use of time-out rooms. During an interview on 3/23/11 from 10:25 a.m. -2:15 p.m., the Administrator stated guardian consent for the use of the time out room had not been obtained. The facility failed to ensure guardian consent had been obtained prior to the implementation of close proximity one-to-one supervision and time-out room use for Individual #2.

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impulse control.

2. Individual #1's IPP, dated 2/11, documented a 13 year old male diagnosed with moderate mental retardation, ODD, ADHD, PTSD, and

a. Individual #1's PBSP, dated 2/11, stated he required close proximity (two arm's length)

Bureau of Facility Standards STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER:

13G078

(X3) DATE SURVEY COMPLETED

A. BUILDING B. WING _

R 03/28/2011

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

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| SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE |
| Continued From page 8 | | (MM196) | | |
| one-to-one supervision during waking h to his behavioral needs. | ours due | | | |
| However, his record did not contain documentation of guardian consent for the use of one-to-one supervision. When asked, the Administrator stated during an interview on 3/25/11 from 11:20 a.m 1:10 p.m., guardian consent for Individual #1's close proximity one-to-one supervision had not been obtained. b. The school attended by Individual #1 utilized time-out rooms, which were small padded rooms with magnetic locking mechanisms on the doors. Individuals could be placed in the rooms and the doors held shut by staff engaging the door locking mechanism with a button on the wall outside the room. | | | | |
| | | | | |
| | | | | |
| On 3/22/11 from 11:25 a.m 2:15 p.m., Individual #1's teacher stated the time-cowere used for Individual #1. | | | | |
| However, Individual #1's record did not documentation of guardian consent for time-out rooms. | | | | |
| When asked, the Administrator stated during an interview on 3/25/11 from 11:20 a.m 1:10 p.m., guardian consent for the use of time-out rooms for Individual #1 had not been obtained. The facility failed to ensure guardian consent had been obtained prior to the implementation of close proximity one-to-one supervision and time-out room use for Individual #1. | | | | |
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| been close | obtained prior to the implementation of the proximity one-to-one supervision of the proximity one for Individual #1. | obtained prior to the implementation of proximity one-to-one supervision and out room use for Individual #1. | obtained prior to the implementation of proximity one-to-one supervision and out room use for Individual #1. | pobtained prior to the implementation of proximity one-to-one supervision and out room use for Individual #1. |

Bureau of Facility Standards

PRINTED: 04/07/2011 FORM APPROVED Bureau of Facility Standards (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING B. WING 03/28/2011 13G078 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 2311 ARUBA DRIVE **HOME AGAIN ICF** NAMPA, ID 83686 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES ID (X4) ID COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PRÉFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) {MM197} {MM197} Continued From page 9 {MM197} {MM197} 16.03.11.075.10(d) Written Plans Is described in written plans that are kept on file in the facility; and This Rule is not met as evidenced by: Based on observation, review of the facility policies and procedures, record review, and staff interview it was determined the facility failed to ensure the methods used modify maladaptive behaviors were sufficiently incorporated into individuals' plans for 2 of 4 individuals (Individuals #1 and #2) reviewed. This resulted in restrictive interventions being used that were not sufficiently incorporated into individuals' written plans. The findings include:

- 1. During visits to the school attended by Individuals #1 and #2, on 3/22/11 from 11:10 a.m. - 12:15 p.m. and 3/25/11 from 10:00 - 10:15 a.m., two designated time-out rooms were assessed. Both rooms were noted to be approximately 7 feet wide and 9 feet deep. Each room had a door offset to one side. The door contained a window that was approximately 5 inches wide by 18 inches high. A paper cover was attached to the door which could be placed over the window. The interior walls of both rooms were padded, as was the inside of the door. The doors opened outward, but could be held shut with the use of magnetic locking systems activated by a button on the outside wall of each room. Staff would engage the locking system by maintaining physical contact with the button.
- a. On 3/22/11 from 11:25 a.m. 2:15 p.m., Individual #1 and Individual #2's school Case Managers both stated the time-out rooms were used for Individual #1 and Individual #2.

Bureau of Facility Standards STATE FORM

| | STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | | A. BUILDIN | PLE CONSTRUCTION G | (X3) DATE S COMPLI | | |
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| | PROVIDER OR SUPPLIER | | 2311 ARU | DDRESS, CITY, STATE, ZIP CODE RUBA DRIVE ID 83686 | | | | |
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| {MM197} | Individual #2's Daily Tracking Forms for an 11 day period in 3/11 were reviewed and documented he voluntarily went into the time-out room 7 times and was placed in the time-out room 28 times. Individual #1's Daily Tracking Forms for a 12 day period in 3/11 were reviewed and documented he was placed in the time-out room 13 times. The facility's Hierarchy of Behavioral Interventions policy, undated, divided behavioral interventions into a level system from 1 to 4, with Level 1 being the least restrictive and Level 4 being the most restrictive. Level 3 and Level 4 interventions required HRC approval and guardian consent prior to implementation. The Level 3 interventions included a definition of "Time-out (exclusionary/physical) A procedure in which a resident is removed, using verbal prompts and light physical assistance, from a reinforcing setting into a setting with lower reinforcing setting into a setting with lower reinforcing value, but not a time-out room, in order to decrease or eliminate an undesirable behavior." However, the policy did not include any information regarding the use of time-out rooms and where the intervention would fall in the behavioral hierarchy. During an interview on 3/23/11 from 10:25 a.m 2:15 p.m., the Administrator stated time-out rooms were not included in the policy or the policy's hierarchy. The Administrator stated the policy needed to be revised. | | | {MM197} | | | | |
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| | the door shut, an ir corner to one side | nt, once inside the room ndividual could stand of the door and not be v. Additionally, when | in the e seen | | | | The state of the s | |

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Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

A. BUILDING
B. WING

O3/28/2011

STREET ADDRESS, CITY, STATE, ZIP CODE

2311 ARUBA DRIVE
NAMPA, ID 83686

(X4) ID

SUMMARY STATEMENT OF DEFICIENCIES

(X3) DATE SURVEY
COMPLETED

A. BUILDING
B. WING

PROVIDER'S PLAN OF CORRECTION
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| {MM197} | Continued From page 11 | {MM197 | } | |
| A Los proposators | the floor in front of the door, it would not be possible to observe the individual's hands, face, or portions of the body that were against the door During an interview on 3/25/11 from 10:00 - 10:18 | | | |
| | a.m., the school Principal stated she wa aware there were regulations regarding and structure of time-out rooms. The Pr stated there were no written policies with to entering the time-out room if visual co- could not be maintained with the individu- the room. | s not the use rincipal n regards intact | | |
| | During an interview on 3/23/11 from 10:215 p.m., the Administrator stated she was aware the time-out rooms were in use a seen the rooms. The Administrator state was aware the rooms did not meet regular requirements, but did not know it was an since the rooms were used at the school at the facility. | was nd had ed she latory n issue | | |
| | The facility failed to ensure that time-out rooms used for Individual #1 and Individual #2 were designed such that continual visual observation could be maintained when individuals were inside the rooms. | | | OMMAND |
| MM334 | 16.03.11.110.04 Emergency Plans | MM334 | | |
| | Emergency Plans for Protection and Eva of Residents. In cooperation with the loc authority, the administrator must develop prearranged written plan for employee re- for protection of residents and for order! evacuation of residents in case of an en- This Rule is not met as evidenced by: Based on observation, interview, and re- review it was determined the facility faile ensure emergency plans were sufficient | al fire to a esponse y nergency. cord ed to | | |

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Bureau of Facility Standards (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING B. WING 03/28/2011 13G078 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 2311 ARUBA DRIVE HOME AGAIN ICF NAMPA, ID 83686 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5)ID (X4) ID (EACH CORRECTIVE ACTION SHOULD BE COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PRÉFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) MM334 MM334 Continued From page 12 developed and implemented necessary to ensure individuals' physical safety. This failure directly impacted 1 of 8 individuals (Individual #5) residing at the facility and had the potential to impact all staff and individuals (Individuals #1 -#8) who entered Individual #5's bedroom. This failure resulted in the potential for individuals to suffer serious harm, impairment, or death from fire or other emergencies. The findings include: 1. Individual #5's 5/10 IPP stated she was a 16 year old female diagnosed with mild mental retardation, mood disorder NOS, pervasive developmental disorder NOS, scoliosis, syringomyelia (damage to the spinal cord due to the formation of a fluid-filled area within the cord), reactive attachment disorder, and convulsions. She had multiple brain surgeries, shunts, rods in her spine and a metal plate in her neck. Individual #5's Occupational Therapy Evaluation, dated 2/15/11, stated she had "significant difficulty manipulating small objects within a limited time frame." The assessment further stated she focused straight ahead and did not turn her head to scan her environment or track a moving object, resulting in her having "very delayed reflexes and responses to actions presented to her..." During a tour of the facility on 3/24/11 at 10:29 a.m., Individual #5's bedroom was observed. Once in the room, Individual #5's bedroom door was shut, closing the RSM and surveyor inside the room. When the RSM attempted to exit the room, the interior door knob came off in her hand. The RSM was unable to open the door without first having to replace the door knob on the

Bureau of Facility Standards

opening mechanism. At that time, the RSM stated the door knob would be replaced that day.

| | T OF DEFICIENCIES OF CORRECTION | F CORRECTION IDENTIFICATION NUMBER: | | (X2) MULTII A. BUILDING B. WING | PLE CONSTRUCTION 3 | COMPLI | (X3) DATE SURVEY COMPLETED R 03/28/2011 | |
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| | | 13G078 | CTDEET AD | | TATE 7ID CODE | 03/2 | 8/2011 | |
| | PROVIDER OR SUPPLIER | | 2311 ARU | ADDRESS, CITY, STATE, ZIP CODE RUBA DRIVE A, ID 83686 | | | | |
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| MM334 | Individual #5's bedri 3/25/11 at 9:04 a.m Individual #5's door The lack of an oper Individual #5's physher 2/15/11 Occupato the potential for escape from her beother emergency, individuals (Individuals fill who entered linguisted the door, we risks. On 3/25/11 at 10:20 was notified about and stated it would forgotten about it of a local store that me purchased a replace. The facility's Emergundated, did not incompections or a preprogram to ensure maintained in order | room was again obsets. At that time, it was recommended in the second in the event of the eve | erved on s noted replaced. pled with escribed in uation, led ty to of fire or er #8) or om and same ed she evious day she had opped by and cedures, ace ment was as | MM334 | | | | |
| | and procedures we implemented in ord | ensure emergency ere sufficiently develo ler to ensure all prima pe were maintained. | ped and ary means | | | | | |
| | arrived at the facilit notified of the imme inoperable door known The Administrator s | t 10:25 a.m., the Adr y. The Administrator ediate jeopardy due t ob on Individual #5's submitted an immedi t5/11 at 10:37 a.m., v | r was then to the bedroom. ate plan | | | | Office Association | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | | (X2) MULTI A. BUILDIN | PLE CONSTRUCTION G | (X3) DATE SURVEY COMPLETED R | | | |
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| NAME OF P | ROVIDER OR SUPPLIER | | STREET ADI | DRESS, CITY, | STATE, ZIP CODE | | | |
| HOME A | GAIN ICF | | 2311 ARU NAMPA, II | UBA DRIVE ID 83686 | | | | |
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| MM334 | Continued From pa | ge 14 | | MM334 | | | | |
| | stated: "We will have the door knob fixed immediately. All door knobs that are attached to doors that serve as primary exit in case of emergency will be checked and any that are loose will be replaced. This will be completed by 2:00 pm. [sic] 3/25/2011. No residents will be allowed to be in the rooms with effected door knobs with the door shut until they [sic] door knobs have been replaced. The RSM will monitor the facility daily to ensure that all door knobs are functional and that all primary means of escape in case of emergency are operational and accessible. Any door knobs that are not operational will be replaced immediately." On 3/25/11 at 10:45 a.m., the knob on Individual #5's bedroom door was replaced and determined operable and the immediate jeopardy was abated. | | | | | | | |
| MM513 | Each facility will be organized and administered under one authority which may be a proprietorship, partnership, association, corporation, or governmental unit. If administered by other than a single owner or partnership, the facility will have a governing board which assumes full legal responsibility for the overall conduct of the facility and for full compliance with these rules. This Rule is not met as evidenced by: Based on record review and staff interviews, it was determined the facility's governing body failed to take actions that identified and resolved systematic problems for the individuals residing at the facility. This failure directly impacted 4 of 4 individuals reviewed (Individuals #1 - #4), and | | MM513 | | | | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER IDENTIFICATION NUM | | | (X2) MULTIPLE CONSTRUCTION A. BUILDING | | (X3) DATE SURVEY COMPLETED | |
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| MM513 Continued From page | Continued From page 15 | | | | | |
| had the potential to neindividuals (Individuals facility. This failure reand comprehensive at objectives, developmentaining programs, and active treatment and befindings include: 1. The governing body operating direction over correction of past defirestrictive intervention with the approval of the The facility was previous follow up survey dated complaint survey dated complaint survey dated restrictive intervention with the written inform parent/guardian. The at M196 during a follow and during a complaint. 3. The governing body operating direction over correction of past defired used modify maladapisufficiently incorporated The facility was previous a follow up survey dated complaint survey dated complaint survey dated complaint survey dated and direction over correction of past defired the facility was previous a follow up survey dated and during a complaint survey dated complaint survey dated complaint survey dated defired the facility was previous a follow up survey dated complaint survey dated defired the facility was previous a follow up survey dated complaint survey dated defired the facility was previous a follow up survey dated defired the facility was previous a follow up survey dated defired the facility was previous a follow up survey dated defired the facility was previous a follow up survey dated defired the facility was previous a follow up survey dated defired the facility was previous a follow up survey dated defired the facility was previous a follow up survey dated defired the facility was previous a follow up survey dated defired the facility was previous a follow up survey dated defired the facility was previous and the facility was pre | egatively impact 8 of 1s #1 - #8) residing a sulted in a lack of a sesessments, appropriate monitorial depropriate de la depropriate de la depropriate de la depropriate de la deportación de la dep | at the accurate opriate ation of itoring of a the sure ed only mmittee. during a ing a sufficient sure ed only usly cited 11/17/09 4/11. sufficient sure methods e plans. during a g a ng a ng a sufficient | | | | |

Bureau of Facility Standards STATE FORM

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| NAME OF F | ROVIDER OR SUPPLIER | | STREET AD | DRESS, CITY, S | STATE, ZIP CODE | | | |
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| MM513 | correction of past of were implemented development, and The facility was preserecertification survey do complaint survey do complaint survey do complaint survey do survey do complaint survey do complaint survey do coordination. The M725 during a recent 4/23/10, during a form and during a composition of past of individuals' IPPs in needs. The facility during a recertificate during a complaint operating direction correction of past of individuals in the facility during a recertificate during a complaint operating direction correction of past of behavioral assessing comprehensive information of past of the facility during a recertificate during direction correction of past of the facility during a recertificate during direction correction of past of the facility during a recertificate during direction correction of past of the facility during a recertificate during direction correction of past of the facility dated 4/23/survey dated 2/14/8. The governing behavior were sufficient of the facility direction correction of past of the facility dated 2/14/8. The governing behavior were sufficient of the facility direction correction of past of the facility direction correction correctio | deficiencies related to that promoted the grindependence of indiguiously cited at M203 by dated 4/23/11, durated 6/20/11, and durated 2/14/11. Ody failed to provide over the facility to endeficiencies related to end of the facility was previously entification survey dated aliant survey dated 2/10 ody failed to provide over the facility to endeficiencies related to laint survey dated 2/10 ody failed to provide over the facility to endeficiencies related to was previously cited tion survey dated 4/2 survey dated 2/14/11 ody failed to provide over the facility to endeficiencies related to ments contained ormation. The facility M730 during a recert 10 and during a company failed to provide over the facility to endeficiencies related to manage inappropria | owth, viduals. 3 during a ing a ing a sufficient sure of the add of the ing a ing a sufficient sure of the ing a sufficient at M729 3/10 and l. sufficient issure of was iffication obtaint sure of the ing a sufficient issure of the ing a sufficient | MM513 | | | | |

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| AND PLAN OF CORRECTION IDENTIFICATION | | (X1) PROVIDER/SUPPLIE IDENTIFICATION NU | | | PLE CONSTRUCTION G | | | |
|---------------------------------------|---|--|-------------|------------------------|--|-----------------------------------|--------------------------|--|
| NAME OF P | ROVIDER OR SUPPLIER | 133070 | STREET AD | L DRESS. CITY. \$ | STATE, ZIP CODE | 03/2 | .0/2011 | |
| HOME A | | | 2311 ARL | RUBA DRIVE ID 83686 | | | | |
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| MM513 | Continued From page 17 was previously cited at M855 during a complaint survey dated 2/14/11. | | | MM513 | | | | |
| MM537 | Documentary evide and of his response This Rule is not me Based on record rewas determined the was collected sufficefficacy of the interindividuals (Individuata was reviewed to impede the abiliteffectiveness of prothrough review of dinclude: 1. The facility used individuals' malada document "A" what and "C" after the mhad additional space ABC forms for Individuals adequately assess strategies as follow a. Individual #2's 2/ | was previously cited at M855 during a complaint survey dated 2/14/11. 16.03.11.210.01(b) Documentary Evidence Documentary evidence of the resident's progress and of his response to his habilitation program; This Rule is not met as evidenced by: Based on record review and staff interviews, it was determined the facility failed to ensure data was collected sufficiently to determine the efficacy of the intervention strategies for of 4 of 4 individuals (Individuals #1 - #4) whose behavior data was reviewed. That failure had the potential to impede the ability of the IDT in evaluating the effectiveness of programmatic techniques through review of documentation. The findings include: 1. The facility used an ABC form to record individuals' maladaptive behaviors. Staff were to document "A" what happened before, "B" during, and "C" after the maladaptive behavior. The form had additional space for duration of the behavior. ABC forms for Individuals #1 - #4 were reviewed from 3/9/11 - 3/21/11. The forms did not document sufficient information was collected regarding individuals' maladaptive behaviors to adequately assess the efficacy of the intervention strategies as follows: a. Individual #2's 2/11 IPP stated he was a 14 year old male diagnosed with mild mental | | MM537 | | | | |
| | - Physical aggressi | on (defined as hitting | ı, kicking, | | | | | |

PRINTED: 04/07/2011 FORM APPROVED Bureau of Facility Standards (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING B. WING 13G078 03/28/2011 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 2311 ARUBA DRIVE **HOME AGAIN ICF** NAMPA, ID 83686 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES ID (X4) ID COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PRÉFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) MM537 MM537 Continued From page 18 and/or spitting on others with intent to harm) Verbal assault to staff (defined as treating staff) with harm, and yelling or cursing at staff or other - Teasing or provoking others (defined as poking, yelling at, and/or any other action directed at the other residents or staff with the intent of getting the other resident or staff to react in a negative manor) Property destruction (defined as destroying his personal items or property of the facility by punching or kicking walls, doors, or his dresser) Tantrums (defined as falling to the ground) kicking and screaming) - Running from staff (defined as trying to avoid supervision from staff) - Sexually inappropriate behaviors (defined as touching or grabbing women's chests or making sexually inappropriate comments or gestures) - Suicidal ideation (defined as making suicidal threats or gestures) - Task avoidance/defiance (defined as refusing to comply with staff requests or complete tasks) - Self injurious behaviors (defined as biting his lip to make it bleed, pinching himself, or hitting himself) The data collected on Individual #2's ABC forms was not sufficient. Examples included, but were not limited to, the following: 3/19/11, time not indicated: "He screamed." cried, threatened me with a log (and) tried to

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strike me, curseing [sic], hitting. Threatened to sue [facility name], staff, Resident [sic], to kill (and) hurt other Residents (and) to attack staff. Said vulger [sic] words (and) sexual vulger words F, B, S bombs [sic]." Staff documented the behavior happened once and lasted 4 minutes. Staff documented "I put my arm around his (and)

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

13G078

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| HOME A | HOME AGAIN ICF | | 2311 ARUBA DRIVE NAMPA, ID 83686 | | | | |
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| MM537 | started to redirect him to his room, I tried calmy [sic] (and) only stopped him from (and) running back through the gate." The ABC form did not document the sec events (i.e., at what point staff intervene with what intervention), which staff and rwere threatened, which staff were attack how, how and who stopped Individual #2 hitting or how they stopped him from runthrough the gate. - 3/19/11, time not indicated: "Violent, House, Loud, Aggressive [sic]. Hitting, Screaming, Spiting, Cursing, Sexual Bel Biting [sic]. Threatening, Property Destruthit staff on arms, legs chest. Threatener staff, sue [facility name]. Said the F, B (words along with a number of sexual rerestained humped staff legs (and) made remarks." Staff documented "he was given under outling staff legs (and) made remarks." Staff documented "he was given under outling staff legs (and) made remarks." Staff documented "he was given under outling staff legs (and) made remarks." Staff documented "he was given under outling staff legs (and) made remarks." Additionally, the form stated legs and the was asked to stop his behawas redirected to his room several times restrained." Additionally, the form stated Individual #2 was "put in two man restrained levents (i.e., at what point staff intervence with what intervention), which staff was head threatened, what "chances to change be meant, how he was redirected to his room response to those interventions. | hitting quence of d and residents ked and from ning orrible, havior, uction. d to kill and) S merks r, while e sexual ven so he c]. He t he vior, he s, he was d int till he quence of d and hit and ehavior" | MM537 | | | | |
| Bureau of Fa | When asked during an interview on 3/23 10:25 a.m 2:15 p.m., the Administrator cility Standards | | | | | | |

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| NAME OF PRO | OVIDER OR SUPPLIER | 13G078 | | | | (X3) DATE SURVEY COMPLETED R | |
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| 2311 / | | | STREET AD | DRESS, CITY, S | STATE, ZIP CODE | | |
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| th | the data collected on the ABC sheets was not sufficient to follow the behavior and assess | | | ММ537 | | | |
| b y d d - h h - y c - c - p - t1 | interventions. b. Individual #4's 3/11 IPP stated he was a 10 year old male diagnosed with pervasive developmental delay. Individual #4's PBSP, dated 3/11, stated he engaged in the following: - Physical aggression towards others (defined as hitting, kicking, and/or spitting on those around him) - Verbal aggression/intimidation (defined as yelling, swearing, or making derogative comments to staff or peers) - Task avoidance/defiance (defined as refusing to comply with staff requests or complete tasks) - Property destruction (defined as breaking personal and facility property) - Tantrums (defined as throwing items around the room, crying uncontrollably, and falling to the ground) | | | | | | |
| w n | The data collected on Individual #4's ABC forms was not sufficient. Examples included, but were not limited to, the following: | | | | | | |
| w w c T (; c r r | - 3/11/11, time not indicated: "Resident started with refusal (and) then resulted to [sic] kick the walls, crying, throwing a tantrum, refusal to do chores, throwing objects, kicking door, shouting." The staff documented "He was given an option (and) consequence (and) still refused to cooperate. Talked to resident to see why he was refusing (and) what could be done (and) still refused." Staff documented "Help/Aid" was an option, and "do half chores, eat breakfast, (and) and do other half." | | | | | | |

Bureau of Facility Standards STATE FORM

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIES IDENTIFICATION NUM | | | (X2) MULTIPLE CONSTRUCTION A. BUILDING | | (X3) DATE SURVEY COMPLETED R | | | |
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| | | 13G078 | | B. WING _ | | | ≺ 8/2011 | |
| NAME OF P | ROVIDER OR SUPPLIER | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | STREET ADI | DRESS, CITY, S | STATE, ZIP CODE | 00,2 | <u> </u> | |
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| MM537 | Continued From page 21 | | | MM537 | | | | |
| | events (i.e., did the destruction before offered), how the moreogressed, what in than options, what in the interventions of ended the behavior - 3/11/11, time not in yelling, crying, tanting wall (and) doors." So room, verbal commotill he can behave, by restraint." The ABC form did in the maladaptive bedirected towards, the interventions, Indiviniterventions, the ty ended the behavior | individual engage in or after the options whaladaptive behavior aterventions were trief response Individual ther than refusals, and all episode. Indicated: "cursing, mum, middle finger, bastaff documented "Refund asking him to go Had to be taken in him to document what in havior, who the behavior, who the behavior and the sequence of event dual #4's response to the pe of restraint used, all episode. | ere ed other ed had to d what nocking, anging on edirect to to to room is room nitiated evior was ts and to the and what | | | | | |
| | 11:20 a.m 1:10 p.m., the Administrator stated the data collected on the ABC sheets was not sufficient to follow the behavior and assess individuals' interventions. c. Individual #1's IPP, dated 2/11, documented a 13 year old male diagnosed with moderate mental retardation, ODD, ADHD, PTSD, and impulse control. | | as not | | | | | |
| | | | | | | | | |
| | Individual #1's PBSP, dated 2/11, documented he engaged in the following: - Task avoidance/defiance (defined as refusing to comply with staff requests or active treatment schedule by ignoring or pretending to be asleep) - Verbal aggression/intimidation (defined as yelling, swearing, or making derogative | | | | | | | |

Bureau of Facility Standards

| AND BLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIE IDENTIFICATION NUI | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | | PLE CONSTRUCTION | COMPLE | (X3) DATE SURVEY COMPLETED | |
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| NAME OF P | ROVIDER OR SUPPLIER | | STREET AD | DRESS, CITY, 5 | STATE, ZIP CODE | 00.2 | 0,2011 | |
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| MM537 | comments or gesture - Physical intimidati threatening gesture - Physical aggressi at staff, hitting, kick do something he do - Tantrums (defined ground, crying unco - Property damage and facility property punching or kicking - Inappropriate secomments or gesture himself, or doing secomments or doing secom | ires to staff or peers) ion (defined as makir is to others) ion (defined as throwing, and biting when been't want to do) d as throwing self to to iontrollably, and yelling (defined as breaking of including breaking of in | ing things asked to the g) personal vindows, s dresser) ing sexual exposing as told itting icked the ecrying. The the aff used Further, ion to the | MM537 | DEFICIENCY | | | |
| | pond with another r wanted to fish alon | il #1 was fishing at a resident. The other r e and went to anothe dual #1 wanted to fish | esident er section | | | | | |

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PRINTED: 04/07/2011 FORM APPROVED Bureau of Facility Standards STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING B. WING 13G078 03/28/2011 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 2311 ARUBA DRIVE HOME AGAIN ICF NAMPA, ID 83686 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE ID (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) MM537 MM537 Continued From page 23 other resident and engaged in a tantrum when The ABC form did not document the time the incident occurred or the intervention staff used to redirect the behavior. - 3/21/11: Individual #1 continually refused to take his medication by "ignoring me and doing other things." The form further stated Individual #1 "just kept refusing didn't talk to me just kept giving me reasons why he shouldn't take his meds [sic]." It further stated when Individual #1 did go in to take his medications he grabbed medication cups, filled them up, and dumped them on the floor. The ABC form did not document the time the behavior occurred or the sequence of events that took place during the behavior, including the interventions used by staff. When asked, the Administrator stated during an interview on 3/25/11 from 11:20 a.m. - 1:10 p.m., the data collection was not sufficient or comprehensive. d. Individual #3's IPP, dated 2/11, documented a 16 year old female diagnosed with mild mental retardation, ADHD, reactive attachment disorder, ODD, PTSD, developmental learning disorder, anxiety disorder NOS, and mood disorder.

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Individual #3's PBSP, dated 2/11 documented

- Angry emotional outbursts (defined as acting in an aggressive manor toward staff and peers including yelling, swearing, threatening, throwing objects, invading personal space, and attempting

she engaged in the following:

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behavior.

The ABC form did not document the time the behavior occurred or the progression of staff interventions in response to Individual #3's

- 3/21/11: Individual #3 continually grabbed staff's

PRINTED: 04/07/2011 FORM APPROVED Bureau of Facility Standards (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING B. WING 13G078 03/28/2011 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 2311 ARUBA DRIVE HOME AGAIN ICF NAMPA, ID 83686 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5)(X4) ID COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) MM537 MM537 Continued From page 25 hat and ripped the "pom pom" off of the top. "Also, while staff was passing meds, [Individual #3] kept going in the med room and bothering him." The ABC from did not document the time the behavior occurred, nor did it document the progression of events that occurred. - 3/21/11: Individual #3 was asked to place her dinner plate and dessert plate in the dishwasher. She told staff "no" in a "stern voice" and "walked away." The ABC form did not document the time the incident took place, what interventions staff used, or if the interventions were effective. When asked, the Administrator stated during an interview on 3/25/11 from 11:20 a.m. - 1:10 p.m., the data collection was not sufficient or comprehensive. The facility failed to ensure data collected for individuals' maladaptive behaviors provided sufficient information to adequately assess the efficacy of the intervention strategies. {MM725} 16.03.11.270.01(b) QMRP {MM725} The QMRP is responsible for supervising the implementation of each resident's individual plan

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facility, by agreement.

of care, integrating the various aspects of the program, recording each resident's progress and initiating periodic review of each individual plan for necessary modifications or adjustments. This function may be provided by a QMRP outside the

This Rule is not met as evidenced by:

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| 1 | T OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | (X2) MULTIPLE CONSTRUCTION A. BUILDING | | (X3) DATE SURVEY COMPLETED R | | |
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| {MM725} | Based on record review and staff interviews, it was determined the facility failed to ensure the QMRP provided sufficient monitoring and coordination for 4 of 4 individuals (Individuals #1 +#4) reviewed. That failure resulted in individuals not receiving the necessary assessments, objectives, and training required to meet their behavioral needs. The findings include: | | | {MM725} | | | | |
| | | | | | | | of constraints | |
| | failure to ensure co | efer to M164 as it relates to the facility's are to ensure consents for restrictive rentions contained sufficient information. | | | | | | |
| | 2. Refer to M194 as it relates to the facility's failure to ensure the QMRP ensured restrictive interventions were not implemented prior to approval by the HRC. | | | | | | | |
| | failure to ensure the | s it relates to the faci e QMRP ensured res implemented only aft vas obtained. | strictive | | | | | |
| | failure to ensure the modifying drugs we comprehensive par was directed specif | rt of an individual's IF fically towards the rec nation of the behavior | havior PP that duction of | | | | | |
| | 5. Refer to M203 as it relates to the facility's failure to ensure the QMRP ensured conduct between staff and individuals residing at the facility promoted growth and independence. | | | | | | | |
| | failure to ensure the | s it relates to the faci e QMRP ensured da ly to determine the ef ntion strategies. | ta was | | | | | |

FORM APPROVED Bureau of Facility Standards (X3) DATE SURVEY COMPLETED STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A, BUILDING B. WING_ 03/28/2011 13G078 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 2311 ARUBA DRIVE **HOME AGAIN ICF**

| HOME AGAIN ICF | | NAMPA, ID 83686 | | | | |
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| {MM725} | Continued From page 27 | {MM725} | | | | |
| | 7. Refer to M729 as it relates to the facility's failure to ensure the QMRP ensured objectives were developed to meet individuals' needs. | | | | | |
| | 8. Refer to M730 as it relates to the facility failure to ensure the QMRP ensured beha assessments were comprehensive and accurately identified individuals' behaviora and needs. | ivioral | | | | |
| | 9. Refer to M732 as it relates to the facility failure to ensure the QMRP ensured indivitraining objectives were assigned complet dates. | iduals' | | | | |
| | 10. Refer to M733 as it relates to the facili failure to ensure the QMRP ensured outsi services were sufficiently coordinated to n individuals' behavioral needs. | de | | | | |
| | 11. Refer to M854 as it relates to the facili failure to ensure the QMRP ensured progrespecified the type and frequency of data to collected. | rams | | | | |
| | 12. Refer to M866 as it relates to the facili failure to ensure the QMRP ensured beha interventions were implemented with suffice safeguards to protect individuals' rights are physical safety. | avioral cient | | | | |
| {MM729} | 16.03.11.270.01(d) Treatment Plan Object | ctives (MM729) | | | | |
| | The individual treatment plan must state sobjectives to reach identified goals. The objectives must be: This Rule is not met as evidenced by: Based on record review and staff interview was determined the facility failed to ensure | ws, it | | | | |

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FORM APPROVED Bureau of Facility Standards (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING B. WING 03/28/2011 13G078 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 2311 ARUBA DRIVE HOME AGAIN ICF NAMPA, ID 83686 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PRÉFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) {MM729} {MM729} Continued From page 28 individuals' IPPs included objectives to meet their needs for 1 of 4 individuals (Individual #2) whose behavioral plans were reviewed. This resulted in a lack of program plans designed to address the needs of individuals in areas most likely to impact their lives. The findings include: 1. Individual #2's 2/11 IPP stated he was a 14 year old male whose diagnoses included bipolar mixed with psychotic features, ADHD, mild mental retardation, and mood disorder. His IPP also stated he had reported visual and auditory hallucinations, which included command hallucinations to kill himself. His record did not include clear information related to how Individual #2 exhibited signs and symptoms of mood disorder NOS or ADHD. When asked during an interview on 3/24/11 from 9:05 a.m. - 11:45 p.m., the Administrator stated Individual #2's mood disorder NOS was exhibited by a decreased need for sleep, increased sexually inappropriate behavior, increased physical aggression, increased verbal aggression, suicidal ideation, decreased interest in hobbies, isolation, withdrawal from others, increased refusals, and sleep interruptions. The Administrator further stated ADHD was exhibited by the inability to sit still, self stimulatory behaviors, and being distracted. Individual #2's IPP included objectives to address physical aggression towards others, verbal assault to staff, teasing and provoking other residents, sexually inappropriate behaviors, task

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avoidance/defiance, and suicidal ideation.

However, his IPP did not contain objectives

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STATEMENT OF DEFICIENCIES

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | (X2) MULTIPLE CONSTRUCTION A, BUILDING | | (X3) DATE SURVEY COMPLETED | |
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| HOME A | GAIN ICF | | NAMPA, I | | | | |
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| {MM729} | Continued From pa | ge 29 | | {MM729} | | | |
| | related to his mental health needs (e.g. tracking of psychiatric signs and symptoms of sleep disturbance, decreased interest in hobbies, isolation, withdrawal from others, inability to sit still, self stimulatory behaviors and distraction). When asked during an interview on 3/24/11 from 9:05 - 11:45 p.m., the Administrator stated objectives were not developed related to Individual #2's psychiatric signs and symptoms. The facility failed to ensure objectives were developed to address Individual #2's psychiatric signs and symptoms. 16.03.11.270.01(d)(i) Diagnostic and Prognostic Data Based on complete and relevant diagnostic and prognostic data; and This Rule is not met as evidenced by: Based on record review and staff interviews, it was determined the facility failed to ensure behavioral assessments contained comprehensive information for 4 of 4 individuals (Individuals #1 - #4) whose behavioral programs | | {MM730} | | | | |
| | were reviewed. The complete and relevant | is resulted in a lack of ant information on w vention decisions. T | of hich to | | | | |
| | year old male diagr retardation. His 3/1 Assessment" was r | 11 IPP stated he was losed with mild ment 11 "Functional Behav lot sufficiently develo s behavior managem | al ior ped in | | | | |
| | a. Individual #2's IP | P stated in the "Med | ical | | | | |

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If continuation sheet 31 of 81

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | | (X2) MULTIPLE CONSTRUCTION A. BUILDING | | (X3) DATE SURVEY COMPLETED | | |
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| NAME OF P | ROVIDER OR SUPPLIER | | STREET AD | DRESS, CITY, S | STATE, ZIP CODE | | |
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| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | | | ID PREFIX TAG | PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY) | HOULD BE | (X5) COMPLETE DATE |
| {MM730} | Continued From pa | ge 30 | | {MM730} | | | - |
| | Diagnosis" section that he was diagnosed with Bipolar disorder, mixed with psychotic features, ADHD, and mood disorder. However the "Affective Development" section of his IPP also included the diagnoses of ODD, PTSD and Visual/Audio command hallucinations. Individual #2's behavioral assessment stated he | | | | | TOTAL CONTRACTOR OF THE CONTRA | |
| | had a long history of mental illness and anger issues and documented he "had hallucinations in the past." The assessment did not include specific information related to which mental illness diagnoses he presented with. | | | | | | |
| | physical assault an teasing and provok destruction, tantrun inappropriate behavassessment did not the relationship bet | he assessment further stated he engaged in hysical assault and intimidation, verbal assault, easing and provoking others, property estruction, tantrums, running from staff, sexually appropriate behavior and suicidal ideation. The essessment did not include information regarding the relationship between his mental illness and the behaviors which he displayed. | | | | | |
| | During an interview on 3/23/11 from 10:25 a.m 2:15 p.m., the Administrator stated Individual #2's psychiatric diagnoses had not been addressed in his assessment or tied to his maladaptive behaviors. | | | | | | |
| | The facility failed to ensure Individual #2's behavioral assessment addressed his mental health diagnoses and the relationship between his mental illness and the behaviors which he displayed. | | | | | | |
| | he engaged in phys intimidation defined spitting on those ar | ehavioral assessmen sical aggression and as hitting, kicking, a ound him or holding er person's face and g | nd/or his fist | | | | |

PRINTED: 04/07/2011 FORM APPROVED Bureau of Facility Standards STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING 13G078 03/28/2011 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2311 ARUBA DRIVE HOME AGAIN ICF NAMPA, ID 83686 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PRÉFIX PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) {MM730} Continued From page 31 {MM730} them. The assessment stated the function of the behavior was to get attention from a particular staff but it would also occur if he was over-stimulated. During an interview with the Administrator. QMRP, AQMRP and Lead staff, on 3/24/11 from 9:05 - 11:45 a.m., the AQMRP and Lead Staff stated it did not appear Individual #2's physical assaults were a result of being over-stimulated or to get attention. They stated he could not wait to talk to certain staff and it appeared to be more related to his ADHD and impulse control problems. c. Individual #2's behavioral assessment stated he engaged in verbal assault, defined as threatening staff with harm, and velling/cursing at staff or other residents. The assessment stated the function of the behavior was to avoid undesirable tasks or to avoid particular situations. During an interview with the Administrator, QMRP, AQMRP and Lead staff, on 3/24/11 from 9:05 - 11:45 a.m., the AQMRP and Lead Staff stated it did not appear Individual #2's verbal assaults were related to task avoidance. They stated it was the way Individual #2 attempted to control his own environment and schedule as he would engage in tasks as long as he thought it was his idea to do so.

d. Individual #2's behavioral assessment stated he engaged in teasing/provoking other residents and staff, defined as "poking, yelling at and/or any other action directed at the other residents or staff with the intent of getting the other resident or staff to react in a negative manner or go into behavior." The assessment stated he engaged in the behavior when he was over-stimulated and

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER | | | A. BUILDIN | IPLE CONSTRUCTION | (X3) DATE SO COMPLE | TED | |
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| | was not busy. How behavior section stand he enjoyed producing an interview QMRP, AQMRP and 9:05 - 11:45 a.m., to stated it did not appreasing/provoking vor boredom. They someone's buttons e. Individual #2's behe engaged in dest destroying his persor property of the hwalls, doors, or his The assessment sto behavior was to "reenergy." | vever, the function of ated it was to gain at woking others. with the Administrated Lead staff, on 3/24 he AQMRP and Lead bear Individual #2's was related to over-stated it was to push and get a reaction. The end of property, donal items, typically home by punching or lated the function of telease his negative er | or, l/11 from d Staff timulation at stated lefined as his toys, kicking of anger. he motional | | | | |
| | QMRP, AQMRP an 9:05 - 11:45 a.m., to both stated the fund destruction was not needed to be revised. f. Individual #2's be engaged in tantrum ground and scream. The assessment stowhen he was not all when a family visit minute. The assess the behavior was to However, his 2/11 libehavior in order to | chavioral assessment is, defined as falling ning at the top of his l lated tantrums would flowed to do what he was cancelled at the sment stated the fun o get something he w IPP stated he "uses t | A/11 from AQMRP is property is sessment it stated he to the lungs. occur wanted or last oction of ranted. | | | | |

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PRINTED: 04/07/2011 FORM APPROVED Bureau of Facility Standards STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING 13G078 03/28/2011 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 2311 ARUBA DRIVE HOME AGAIN ICF NAMPA, ID 83686 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) {MM730} Continued From page 33 {MM730} QMRP, AQMRP and Lead staff, on 3/24/11 from 9:05 - 11:45 a.m., the Administrator and AQMRP both stated the function of Individual #2's tantrums was not accurate and the assessment needed to be revised. g. Individual #2's behavioral assessment stated he engaged in running from staff, defined as trying to avoid supervision from staff. The assessment stated this would occur when he was bored or angry or not being closely supervised and the function of the behavior was to irritate and provoke staff. The "General Behavioral Accommodations" section of Individual #2's IPP stated "Due to the severity of the violent/aggressive behaviors, the provoking behaviors, and the sexually inappropriate behaviors, and the danger that [Individual #2] presents to himself and others... [Individual #2] requires close proximity (same room), one to one supervision while he is awake by specially trained staff members..." Individual #2's behavioral assessment did not include information related to the use of close proximity supervision or the effect it had on his maladaptive behaviors, including his running away behavior.

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needed to be revised.

During an interview on 3/24/11 from 9:05 - 11:45 a.m., the Administrator stated close proximity supervision had not been included in Individual #2's behavioral assessment and the assessment

h. Individual #2's behavioral assessment stated he engaged in sexually inappropriate behaviors, defined as touching or grabbing a woman's chest, and/or making sexually inappropriate comments

Bureau of Facility Standards (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING B. WING 03/28/2011 13G078 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 2311 ARUBA DRIVE HOME AGAIN ICF NAMPA, ID 83686 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5)(X4) ID COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) {MM730} {MM730} Continued From page 34 or gestures. The assessment stated the behavior would occur when he was bored, not getting his way and/or when he was not closely supervised. The assessment stated the function of the behavior was to get attention and appeared to have a "hormonal function." During an interview on 3/24/11 from 9:05 - 11:45 a.m., the Administrator stated Individual #2's sexually inappropriate behaviors did not appear related to sexual gratification, but the behavior was not clearly assessed. The Administrator stated the assessment needed to be revised. i. Individual #2's behavioral assessment stated he engaged in suicidal ideation, defined as making suicidal threats or suicidal gestures in order to gain attention. The assessment stated the behavior would occur when he was "very upset with staff or other adult care givers" and the function of the behavior was to "express his strong negative feelings about a situation." The assessment was not clear in describing whether the function of the behavior was to seek attention or communicate his negative feelings. During an interview on 3/24/11 from 9:05 - 11:45 a.m., the Administrator stated Individual #2's suicidal ideation had changed when the facility consistently implemented arms-length supervision following a threat. The Administrator stated the assessment needed to be revised to reflect Individual #2's current suicidal ideation data. j. Individual #2's behavioral assessment stated he engaged in task avoidance/defiance defined as

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refusing to comply with staff requests or complete tasks. The assessment stated the function of the behavior was task avoidance but "it has a greater

Bureau of Facility Standards (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING 03/28/2011 13G078 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 2311 ARUBA DRIVE HOME AGAIN ICF NAMPA, ID 83686 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) (X4) ID 1D (EACH CORRECTIVE ACTION SHOULD BE COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PRÉFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) {MM730} {MM730} Continued From page 35 function of irritating the staff which he enjoys." During an interview on 3/24/11 from 9:05 - 11:45 a.m., the Administrator and AQMRP both stated the function of Individual #2's avoidance/defiance was not accurate and the assessment needed to be revised. k. Individual #2's behavioral assessment stated he engaged in self injurious behaviors, defined as biting his lip to make it bleed and pinching and hitting himself. The assessment stated the behavior occurred when he was over-stimulated or had been told he could not have or do something he wanted to do. However, the function of the behavior was to get attention from staff and to "show staff how angry he is." The assessment was not clear in describing whether the function of the behavior was to seek attention. communicate his negative feelings or as a result of over-stimulation. During an interview on 3/24/11 from 9:05 - 11:45 a.m., the Administrator and AQMRP both stated the function of Individual #2's self injurious behavior was not accurate and the assessment needed to be revised. The facility failed to ensure Individual #2's behavior assessment was sufficiently developed and accurately reflected his maladaptive behaviors. 2. Individual #3's 2/11 IPP stated she was a 16 year old female diagnosed with mental retardation. Her 2/11 "Functional Behavior Assessment" was not sufficiently developed in order to address her behavior management needs as follows:

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a. Individual #3's behavioral assessment stated

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PRINTED: 04/07/2011 FORM APPROVED Bureau of Facility Standards STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING _ 13G078 03/28/2011 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2311 ARUBA DRIVE HOME AGAIN ICF NAMPA, ID 83686 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID COMPLETE DATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) {MM730} Continued From page 36 {MM730} she was diagnosed with ODD, reactive attachment disorder, PTSD and ADHD. However, Individual #3's IPP stated in the "Medical Diagnosis" section that she was also diagnosed with anxiety disorder NOS and mood disorder. Individual #3's behavioral assessment and IPP were not consistent in documenting her diagnoses. When asked, the Administrator stated during an interview on 3/25/11 from 11:20 a.m. - 1:10 p.m., Individual #3's Functional Behavioral Assessment needed to be revised. b. Individual #3's PBSP, dated 2/11, included an objective to decrease instances of making false allegations. However, making false accusations was not a target behavior assessed in Individual #3's Functional Behavioral Assessment. When asked, the Administrator stated during an interview on 3/25/11 from 11:20 a.m. - 1:10 p.m., Individual #3's Functional Behavioral Assessment should include making false accusations. She further stated she thought the behavior had been assessed and would provide the surveyor with a copy of the accurate Functional Behavioral Assessment. A copy of Individual #3's Functional Behavioral Assessment including false accusations had not been received by the surveyor at the time of this report. The facility failed to ensure Individual #3's

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behavior assessment was sufficiently developed.

3. Individual #1's 2/11 IPP stated he was a 13 year old male diagnosed with moderate mental retardation. His 2/11 "Functional Behavior Assessment" was not sufficiently developed in order to address his behavior management

Bureau of Facility Standards (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING B. WING 03/28/2011 13G078 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 2311 ARUBA DRIVE HOME AGAIN ICF NAMPA, ID 83686 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5)(X4) ID COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) {MM730} {MM730} Continued From page 37 needs as follows: a. Individual #1's behavioral assessment stated he was diagnosed with ADHD, PTSD, and impulse control disorder. However, Individual #1's IPP stated in the "Presenting Problems and Disabilities" section that he was also diagnosed with ODD. Individual #1's behavioral assessment and IPP were not consistent in documenting his diagnoses. When asked, the Administrator stated during an interview on 3/25/11 from 11:20 a.m. - 1:10 p.m., Individual #1's Functional Behavioral Assessment needed to be revised. b. The "General Behavioral Accommodations" section of Individual #1's IPP stated "Due to the severity of the violent/destructive behaviors, and the danger that [Individual #1] presents to himself and others...[Individual #1] requires close proximity (2 arms length) [sic], one to one supervision while he is awake and a dedicated staff member available if he wakes up at night." Individual #1's behavioral assessment did not include information related to the use of close proximity supervision or the effect it had on his maladaptive behaviors. When asked, the Administrator stated during an interview on 3/25/11 from 11:20 a.m. - 1:10 p.m., Individual #1's Functional Behavioral Assessment needed to be revised to include the use of one-to-one supervision. c. Individual #1's behavioral assessment stated he had a history of physical aggression toward pregnant women and small children. The

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assessment stated he had attempted to kick and

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| {MM730} | Continued From pa | ge 38 | | {MM730} | | | |
| | hit pregnant women he was easily irritate should not be arour community, as he hand threw it down or However, a function Individual #1's beha and small children with When asked, the Arinterview on 3/25/12 Individual #1's Funcified not include an abehavior toward children with and needed to be resulted to be a second to | a to "harm their childred by smaller childred by smaller childred by smaller childred them, even in the ad "grabbed someor ausing brain injury." hal assessment of the vior towards pregnared as not present. I from 11:20 a.m 1 ctional Behavioral Assessment of Individual #1 and pregnant versed. I from 19:20 a.m 1 ctional Behavioral Assessment of Individual #1 and pregnant versed. I from 19:20 a.m 1 ctional Behavioral Assessment of Individual #1 and pregnant versed. I from 19:20 a.m 1 ctional Behavioral assessment of Individual #1 and pregnant versed with pervasive y. His 3/11 "Function and Fas his behavioral assessment of Individual assessment of Individual assessment of Individual action and had "difficultation and had "difficultation and had "difficultation, task avoidance arty destruction. How include information ween his diagnoses and the stated information ween his | n and ne's baby e nt women uring an :10 p.m., sessment lual #1's vomen 's eveloped. 's eveloped. ty sensory al #4 'defiance, vever, the regarding | | | | |

Bureau of Facility Standards STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X3) DATE SURVEY COMPLETED (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING ___ 13G078 03/28/2011 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE

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| {MM730} | Continued From page 39 | | {MM730} | | |
| | During an interview on 3/25/11 from 11:20 a.m 1:10 p.m., the Administrator stated Individual #4's psychiatric diagnoses had not been addressed in his assessment or tied to his maladaptive behaviors. | | | | |
| | The facility failed to ensure Individual #4 behavior assessment was sufficiently de | | | | |
| MM732 | 16.03.11.270.01(d)(iii) Date Objective A | chieved | MM732 | | |
| | Time limited, giving dates when the objective is to be achieved. This Rule is not met as evidenced by: Based on record review and staff interview, it was determined the facility failed to assign individualized projected completion dates to objectives for 4 of 4 individuals (Individuals #1 - #4) whose PBSPs were reviewed. This resulted in the potential for individuals to receive training on objectives for extended periods of time without their rate of learning, strengths, and abilities being taken into consideration. The findings include: | | | | |
| | 1. Individual #1's IPP, dated 2/11, documented a 13 year old male diagnosed with moderate mental retardation, ODD, ADHD, PTSD, and impulse control disorder. | | • | | |
| | None of the objectives in his PBSP, date contained projected completion dates. Vasked, the Administrator stated during a interview on 3/25/11 from 11:20 a.m 1 completion dates needed to be added to objectives. | When n n :10 p.m., | | | |
| | 2. Individual #2's 2/11 IPP stated he was year old male whose diagnoses included | | | | |
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FORM APPROVED Bureau of Facility Standards STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING 13G078 03/28/2011 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 2311 ARUBA DRIVE HOME AGAIN ICF NAMPA, ID 83686 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) DATE CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) MM732 MM732 Continued From page 40 mixed with psychotic features, ADHD, mild mental retardation, and mood disorder. None of the objectives in his PBSP, dated 3/11, contained projected completion dates. When asked, the Administrator stated during an interview on 3/23/11 from 10:25 a.m. - 2:10 p.m., completion dates needed to be added to his objectives. 3. Individual #3's IPP, dated 2/11, documented a 16 year old female diagnosed with mild mental retardation, ADHD, reactive attachment disorder. ODD, PTSD, developmental learning disorder, anxiety disorder NOS, and mood disorder. None of the objectives in her PBSP, dated 2/11, contained projected completion dates. When asked, the Administrator stated during an interview on 3/25/11 from 11:20 a.m. - 1:10 p.m., completion dates needed to be added to her objectives. 4. Individual #4's IPP, dated 3/11, documented a 10 year old male diagnosed with pervasive developmental delay None of the objectives in his PBSP, dated 3/11. contained projected completion dates. When asked, the Administrator stated during an interview on 3/25/11 from 11:20 a.m. - 1:10 p.m., completion dates needed to be added to his objectives. The facility failed to ensure the projected completion dates for Individuals #1 - #4's objectives were present and individualized.

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MM733 16.03.11.270.01(e) Treatment Standards

MM733

Bureau of Facility Standards STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING 13G078 03/28/2011 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2311 ARUBA DRIVE HOME AGAIN ICF NAMPA, ID 83686 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX PREFIX COMPLETE OATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) MM733 MM733 Continued From page 41 Treatment programs and services provided by the facility or for residents by other agencies or persons outside must meet the standards for kind and quality of service as required by these standards, and all contracts must stipulate that these standards will be met. This Rule is not met as evidenced by: Based on observation, record review, and staff interview it was determined the facility failed to ensure outside services met the needs for 3 of 4 individuals (Individuals #1, #2, and #4) who attended a public school. This resulted in outside services not meeting the standards for kind and quality of service required for individuals. The findings include: 1. Individual #2's 2/11 IPP stated he was a 14 vear old male diagnosed with mild mental retardation. He attended a specialized alternative school. Services were not sufficiently coordinated with the school as follows: a. Individual #2's PBSP, dated 3/11, stated he engaged in the following: Physical aggression (defined as hitting, kicking, and/or spitting on others with intent to harm) Verbal assault to staff (defined as threatening) staff with harm, and yelling or cursing at staff or other residents) - Teasing or provoking others (defined as poking. yelling at, and/or any other action directed at the other residents or staff with the intent of getting the other resident or staff to react in a negative manor) - Property destruction (defined as destroying his personal items or property of the facility by punching or kicking walls, doors, or his dresser)

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kicking and screaming)

- Tantrums (defined as falling to the ground

| NAME OF PROVIDER OR SUPPLIER HOME AGAIN ICF IDENTIFICATION NUMBER: A. BUILDING B. WING O3/28/2011 STREET ADDRESS, CITY, STATE, ZIP CODE 2311 ARUBA DRIVE NAMPA, ID 83686 | 1 |
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| MM733 Continued From page 42 MM733 | |
| Running from staff (defined as trying to avoid supervision from staff) Sexually inappropriate behaviors (defined as touching or grabbing women's chests or making sexually inappropriate comments or gestures) Suicidal ideation (defined as making suicidal threats or gestures) Task avoidance/defiance (defined as refusing to comply with staff requests or complete tasks) Self injurious behaviors (defined as bitting his lip to make it bleed, pinching himself, or hitting himself) Individual #2's IEP, dated 3/1/10, included two objectives under the Behavior Management section: Identify how he is feeling. Choose an appropriate coping skill. During an interview on 3/22/11 from 11:10 - 11:23 a.m., the school Principal stated the school utilized a Daily Tracking Form to track behaviors listed on the IEP. The Daily Tracking Form included a line for each period of the school day and columns to track the individual's IEP behavioral geals. Additionally, the Form included a column for "Cverrall Rating" and a column for "Cverrall Rating" and a column for "Cverrall Rating" and a column for material stated in the school. The Principal stated no other behavioral data was tracked and the school did not have information from the facility related to the behaviors exhibited by Individual R2, intervention strategies used by the facility, or information related to how those behaviors were to be tracked. The Principal stated individual #2's school Case Manager would e-mail the facility with general behavioral information (e.g. an overall view of how the | |

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| MM 73 3 | Continued From pa | ge 43 | | MM733 | | | |
| MM733 | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 43 individual was doing), but not with formalized tracking or specific numbers or instances of behaviors. During an interview on 3/22/11 from 11:25 a.m 12:15 p.m., Individual #2's school Case Manager stated she would sometimes telephone the facility with information related to Individual #2's behavioral issues that were not documented on the Daily Tracking Form. The calls were usually made to the facility's RSM, but the school did not keep documentation of the calls. During an interview on 3/23/11 from 10:25 a.m 2:15 p.m., the Administrator stated a copy of individuals' PBSPs were given to the schools at IEP meetings, but the facility did not ask the schools to track individuals' behaviors that were tracked at the facility. The Administrator stated the facility did not track maladaptive behaviors exhibited by individuals at school. The facility failed to ensure tracking and documentation of Individual #2's maladaptive behaviors was consistent between the school and the facility, and that the facility was tracking maladaptive behavioral progress/regress. b. During visits to the school attended by Individual #2, on 3/22/11 from 10:00 - 10:15 a.m., two designated time-out rooms were observed. Both were small padded rooms with magnetic locking mechanisms on the doors. Individuals could be placed in the rooms and the doors held shut by staff engaging the door locking mechanism with a | | MM733 | | | | |
| | the room, it was not | outside the room. On t possible to maintain ndividual at all times. | ı visual | | | | |

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STATEMENT OF DEFICIENCIES

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIE IDENTIFICATION NU | | (X2) MULTIPLE CONSTRUCTION A. BUILDING | | (X3) DATE SURVEY COMPLETED | | |
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| HOME A | GAIN ICF | | NAMPA, I | | | | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | | | ID PREFIX TAG | (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE COMECTORS REFERENCED TO THE APPROPRIATE DEFICIENCY) | | |
| MM733 | Continued From pa | nge 44 | | MM733 | | | | |
| | On 3/22/11 from 11:25 a.m 2:15 p.m., Individual #2's school Case Manager stated the time-out rooms were used for Individual #2. The Case Manager stated Individual #2 could choose to go into the time-out room independently to calm or could be placed in the room by staff. Individual #2's Daily Tracking Forms for an 11 day period in 3/11 were reviewed and documented he voluntarily went into the time-out room 7 times and was placed in the time-out room 28 times. One of the forms was signed by the facility's AQMRP, 8 were signed by the RSM, and two were not signed by the facility. The Daily Tracking Forms did not include information related to the duration of time Individual #2 spent in the time-out room, the reason for entering the time-out room, or his response to the time-out room in relation to his maladaptive behavior. | | | | | | | |
| | a.m., the school Pri aware there were re and structure of time residing in ICFs/MF additional document use of the time-out | erview on 3/25/11 from 10:00 - 10:15 col Principal stated she was not vere regulations regarding the use of time-out rooms for individuals Fs/MR. The Principal stated cumentation was kept regarding the e-out rooms, but the documentation ded to the facility and had not been the facility. | | | | | A A PART OF THE PA | |
| | During an interview on 3/23/11 from 10:25 a.m 2:15 p.m., the RSM stated she was usually the staff member who reviewed and signed the Daily Tracking Forms from the school prior to their return to the school. The RSM stated she would praise Individual #2 if the Form stated he had a good day, but stated she did nothing with the | | | | | | | |

Bureau of Facility Standards

PRINTED: 04/07/2011 FORM APPROVED Bureau of Facility Standards (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING B. WING 03/28/2011 13G078 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 2311 ARUBA DRIVE HOME AGAIN ICF NAMPA, ID 83686 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5)ID (X4) JD (EACH CORRECTIVE ACTION SHOULD BE COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PRÉFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) MM733 MM733 Continued From page 45 information related to maladaptive behaviors. The Administrator, who was present during the interview, stated information related to the use of the time-out room for Individual #2 was not assessed or tracked by the facility. The facility failed to ensure behavioral interventions used by the school were coordinated with the facility. c. Individual #2's PBSP stated he received Depakote (an anticonvulsant drug) 750 mg twice daily for physical and verbal aggression, Eskalin (an antipsychotic drug) 600 mg twice daily for manic episodes of physical aggression related to bipolar disorder and ODD, and Abilify (an anti psychotic drug) 15 mg daily for aggression. During an interview on 3/22/11 from 11:10 - 11:23 a.m., the school Principal stated the school may be made aware of individuals' medications during the annual IEP meeting, but the school was not usually made aware of medication changes or the effects the medications were to have on the individual. Additionally, the Principal stated information related to potential side effects was provided on a "hit and miss" basis. During an interview on 3/23/11 from 10:25 a.m. -2:15 p.m., the Administrator stated medication information was provided to the school during the annual IEP meeting. The Administrator stated

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she attended meetings at the school on a quarterly basis and provided verbal information regarding changes through the PSR worker who worked between the school and the facility. The Administrator stated she had no documentation

The facility failed to ensure school personnel

of those conversations.

| AND PLAN OF CORRECTION IDENTIFICATION | | (X1) PROVIDER/SUPPLIE IDENTIFICATION NU | | (X2) MULTIF A. BUILDING B. WING | PLE CONSTRUCTION S | (X3) DATE SURVEY COMPLETED R 03/28/2011 | | | |
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| NAME OF F | ROVIDER OR SUPPLIER | 130076 | STREET AD | DRESS CITY S | TATE ZIP CODE | | 20/2011 | | |
| | GAIN ICF | | 2311 ARU | DDRESS, CITY, STATE, ZIP CODE UBA DRIVE ID 83686 | | | | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | | ID PREFIX TAG | PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIV CROSS-REFERENCED TO TH DEFICIENCY | ON SHOULD BE HE APPROPRIATE | (X5) COMPLETE DATE | | | |
| MM733 | were provided with to Individual #2's bed. During an intervient 11:23 a.m., the schithe facility did not cond the school was facility. During an interview 12:15 p.m., the schicommunication with Case Manager statinformation to the fawould not respond, were presented in the stated if the RSM with Tracking Forms were turned, and that the facility for the During an interview 2:15 p.m., the Admithe primary contact but the QMRP wou Administrator stated facility and the school and services had nesufficiently. The facility failed to coordination of service to meet Individual #1's IP 13 year old male dimental retardation, impulse control discipled alternation in the service of th | consistent information chavioral medication ew on 3/22/11 from 1 cool Principal stated some to observe at the not invited to meeting on 3/22/11 from 11: ool Case Manager son the facility was pooled she stopped e-macility because the facility because the facility was not at the facility, are usually not signed the RSM was the usually not signed the | s. 11:10 - staff from he school higs at the 25 a.m tated r. The ailing acility stions he Manager Daily d and hal contact 25 a.m had been spoint, role. The tween the hemented, ufficient in order s. mented a ate had swere not | MM733 | | | | | |

Bureau of Facility Standards

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Bureau of Facility Standards

STATEMENT OF DEFICIENCIES

| AND PLAN OF CORRECTION | IDENTI IDATION NOWIDEN. | | 1, , | PLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED R 03/28/2011 | |
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| | | | A. BUILDIN B. WING _ | | | |
| | 13G078 | | | | 03/2 | 8/2011 |
| NAME OF PROVIDER OR SUPPLIER | | | | STATE, ZIP CODE | | |
| | | 2311 ARU NAMPA, II | IBA DRIVE D 83686 | | | |
| PREFIX (EACH DEFICIENCY | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | | | PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION : CROSS-REFERENCED TO THE A DEFICIENCY) | SHOULD BE | (X5) COMPLETE DATE |
| MM733 Continued From pag | j e 47 | | MM 7 33 | | | |
| a. Individual #1's Fur Assessment, dated a engaged in the follow - Task avoidance/de to comply with staff treatment schedule be asleep) - Verbal aggression/yelling, swearing, or comments or gesture - Physical intimidation threatening gestures - Physical aggression at staff, hitting, kicking do something he doe - Tantrums (defined ground, crying uncon - Property damage (and facility property punching or kicking - Inappropriate sexuicomments or gesturn himself, or doing sexuicomments or gesturn himself, or doing sexuicomments and entire where the section: - Identify when he is - Choose an appropriate a Daily Tracklisted on the IEP. The included a line for earn and columns to trackles a column for "Overa" | 2/11, documented having: efiance (defined as a requests or his active by ignoring or preter fintimidation (defined making derogative res to staff or peers) on (defined as making at the stoothers) on (defined as throwing, and biting when resn't want to do) as throwing self to the through of the self as breaking including breaking walls, destroying his al (defined as making al (defined as making al (defined as making toward others, extend acts in public). I dated 1/12/10, include the self acts and self are coping skill. I dated 1/12/11 from 11: necipal stated the self acts are toward of the self acts are period of the self acts are resulted individual's IEF deditionally, the Form | refusing refusing refusing to a dias as a diag and things asked to the refusion asked to the refusion asked to the refusion asked to the refusion asked two diagrams and the refusion asked two diagrams and the refusion and the r | | | | |

Bureau of Facility Standards

PRINTED: 04/07/2011 FORM APPROVED Bureau of Facility Standards (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A, BUILDING B, WING 03/28/2011 13G078 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 2311 ARUBA DRIVE HOME AGAIN ICF NAMPA, ID 83686 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) ID (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFIX PRÉFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) MM733 MM733 Continued From page 48 "Comments." The Form included a space where the parent was supposed to sign the form before returning it to the school. The Principal stated no other behavioral data was tracked and the school did not have information from the facility related to the behaviors exhibited by Individual #1, intervention strategies used by the facility, or information related to how those behaviors were to be tracked. The Principal stated Individual #1's school Case Manager would e-mail the facility with general behavioral information (i.e., an overall view of how the individual was doing), but not with formalized tracking. During an interview on 3/22/11 from 11:25 a.m. -12:15 p.m., Individual #1's school Case Manager stated she would telephone the facility if Individual #1 received detention or a school award, but would generally e-mail the facility weekly to review his behavior and progress for the week. She further stated she tracked Individual #1's behaviors according to his IEP every 15 minutes on the Daily Tracking Form. The forms were then sent to the facility for a signature. The Case Manger stated she was not aware of the behavioral objectives being tracked for Individual #1 at the facility. During an interview on 3/23/11 from 10:25 a.m. -2:15 p.m., the Administrator stated a copy of

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Individual #1's PBSP was given to the school at the annual IEP meeting, but the facility did not ask the school to track the same behaviors that were tracked at the facility. The Administrator stated the facility did not track maladaptive

The facility failed to ensure there was sufficient

behaviors exhibited at the school.

| | T OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIE IDENTIFICATION NU | | (X2) MULTI A. BUILDIN | PLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED | |
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| | | 13G078 | | B. WING _ | | 03/28 | ₹ 8/2011 |
| NAME OF F | PROVIDER OR SUPPLIER | | STREET ADI | DRESS, CITY, S | STATE, ZIP CODE | | |
| HOME A | HOME AGAIN ICF 2311 ARU NAMPA, II | | | IBA DRIVE D 83686 | | | |
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| MM 7 33 | Continued From pa | ge 49 | | MM733 | | | |
| | | vices with the school f1's behavioral needs | | | | | |
| | to meet Individual #1's behavioral needs. b. During visits to the school attended by Individual #1, on 3/22/11 from 11:10 a.m 12:15 p.m. and 3/25/11 from 10:00 - 10:15 a.m., two designated time-out rooms were observed. Both were small padded rooms with magnetic locking mechanisms on the doors. Individuals could be placed in the rooms and the doors held shut by staff engaging the door locking mechanism with a button on the wall outside the room. Once inside the room, it was not possible to maintain visual observation of the individual at all times. On 3/22/11 from 11:25 a.m 2:15 p.m., Individual #1's school Case Manager stated the time-out rooms were used for Individual #1. The Case Manager stated Individual #1 could choose to go into the time-out room independently to calm or could be placed in the room by staff. | | | | | | |
| | Individual #1's Daily Tracking Forms from 3/1/11 - 3/21/11 were reviewed. Individual #1 had 12 Daily Tracking Forms during this time period that had been signed and returned by the facility. The forms documented he was placed in the time-out room 13 times. One of the forms was signed by the facility's AQMRP and 11 were signed by the RSM. | | | | | | 5-11-179 |
| | The Daily Tracking Forms did not include information related to the duration of time Individual #1 spent in the time-out room, the reason for entering the time-out room, or his response to the time-out room once he was out. | | | | | | |
| | a.m., the school Pri | on 3/25/11 from 10: incipal stated she wa egulations regarding | s not | | | | |

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| | | (X1) PROVIDER/SUPPLIE IDENTIFICATION NU | | (X2) MULTII A. BUILDING B. WING | | (X3) DATE SURVEY COMPLETED R | |
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| MM733 | and structure of timesiding in ICFs/MF additional documer use of the time-out was not provided to requested by the fat During an interview 2:15 p.m., the RSM staff member who a Tracking Forms from the school praise Individual #1 stated he had a good nothing with the information related room for Individual facility. The QMRF interview, stated the school was not suff what happened price behavior and use of the school were sufficiently failed to | ne-out rooms for indivar. The Principal state attation was kept regarooms, but the document of the facility and had acility. You 3/23/11 from 10: It stated she was usureviewed and signed method the school prior to the Lagrangian of the Daily Tracking and day, but stated shormation related to fors. The Administration the use of the time #1 was not assessed to the use of the time #1 was not assessed to documentation from the interventions. You was present de documentation from the interventions of the interventions. You was present de documentation from the interventions. | ed arding the mentation not been 25 a.m ally the the Daily their he would a Form e did ator, who e-out diby the uring the mithe picture of er the sused by cumented 0 mg of g) daily for 10 - 11:23 alool may ons during usually the effects | MM733 | | | |

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PRINTED: 04/07/2011 FORM APPROVED Bureau of Facility Standards (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING 13G078 03/28/2011 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2311 ARUBA DRIVE **HOME AGAIN ICF** NAMPA, ID 83686 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ΙD (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) MM733 Continued From page 51 MM733 Additionally, the Principal stated receiving information related to potential side effects from the facility was "hit and miss." During an interview on 3/23/11 from 10;25 a.m. -2:15 p.m., the Administrator stated medication information was provided to the school during the annual IEP meeting. The Administrator stated she attended meetings at the school on a quarterly basis and provided verbal information regarding changes through the PSR worker who traveled between the school and the facility, but did not document those conversations. The facility failed to ensure school personnel were provided with consistent information related to Individual #1's behavioral medications. d. During an interview on 3/22/11 from 11:10 -11:23 a.m., the school Principal stated staff from the facility did not come to observe at the school and the school was not invited to meetings at the facility. During an interview on 3/22/11 from 11:25 a.m. -12:15 p.m., Individual #1's School Case Manager stated communication with the facility was poor. She stated the usual facility contact was the RSM. The Case Manager stated the facility did not respond to requests or answer questions. She stated when she asked the facility, she was told by the RSM they printed out the e-mails and

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aware she needed a response.

placed them in Individual #1's file and were not

During an interview on 3/23/11 from 10:25 a.m. -2:15 p.m., the Administrator stated she had been the primary contact for the school to this point, but the QMRP would be taking on that role. The Administrator stated communication between the

Bureau of Facility Standards STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

13G078

(X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION COMPLETED A. BUILDING B. WING 03/28/2011

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

2311 ARUBA DRIVE

| HOME AGAIN ICF | | NAMPA, I | JBA DRIVE D 83686 | | |
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| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE |
| MM733 | Continued From page 52 | | MM733 | | |
| | facility and the school was not well docu and services had not been coordinated sufficiently. | i i | | | |
| | The facility failed to ensure there was su coordination of services with the school to meet Individual #1's behavioral needs | services with the school in order | | | |
| | 3. Individual #4's 3/11 IPP stated he was year old male diagnosed with pervasive developmental delay. He attended a loc elementary school's special education p | d male diagnosed with pervasive | | | THE PARTY OF THE P |
| | Individual #4's PBSP, dated 3/11, stated engaged in the following: | | | | |
| | - Physical aggression towards others (d hitting, kicking, and/or spitting on those him) | | | | |
| | him) - Verbal aggression/intimidation (defined as yelling, swearing, or making derogative comments to staff or peers) - Task avoidance/defiance (defined as refusing to comply with staff requests or complete tasks) - Property destruction (defined as breaking personal and facility property) - Tantrums (defined as throwing items around the room, crying uncontrollably, and falling to the ground) | | | | |
| | Ouring a telephone interview on 3/22/11 from 2:54 - 3:07 p.m., Individual #4's teacher stated staff from the facility did not come and observe at the school, that the facility did not provide information related to maladaptive behaviors being tracked, that the school had not been provided with intervention strategies used by the acility, and that he had not been invited to meetings regarding Individual #4 at the facility. | | | | |
| | alliku Otanalasala | | | <u> </u> | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | A. BUILDIN | | (X3) DATE SURVEY COMPLETED R | |
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| NAME OF F | PROVIDER OR SUPPLIER | | STREET AD | DRESS, CITY, | STATE, ZIP CODE | | |
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| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | | | ID PREFIX TAG | PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIV CROSS-REFERENCED TO TH DEFICIENCY | (X5) COMPLETE DATE | |
| MM733 | Continued From pa | ge 53 | | MM733 | | | |
| | 1:10 p.m., the Adm the primary contact but the QMRP wou Administrator state facility and the scho | on 3/25/11 from 11: inistrator stated she for the school to this ld be taking on that re d communication bet ool was not well docu ot been coordinated | had been s point, ole. The ween the | | | | |
| | | acility failed to ensure services at the school sufficiently coordinated to meet Individual ehavioral needs. | | | | | on a second seco |
| MM854 | 14 16.03.11.270.08(b)(ii) Behavioral Terms | | | MM854 | | | |
| | Stated in specific behavioral terms that permit the progress of the resident to be assessed This Rule is not met as evidenced by: Based on record review and staff interview, it was determined the facility failed to ensure the training programs included the type and frequency of data that was to be collected for 4 of 4 individuals, (Individuals #1 - #4) whose behavioral intervention programs were reviewed. That failure had the potential to prevent the facilyt from accurately assessing individuals' progress towards meeting the program objectives. The findings include: | | | | | | |
| | | 11 IPP stated he was nosed with mild ment | | | | | And the second s |
| | following behaviora | P, dated 3/11, includ I objectives which did data or frequency for ected: | d not | | | | |
| | - physical aggression - verbal assault | on | | | | | |

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FORM APPROVED Bureau of Facility Standards STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING B. WING 13G078 03/28/2011 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2311 ARUBA DRIVE HOME AGAIN ICF NAMPA, ID 83686 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) MM854 Continued From page 54 MM854 - running from staff sexually inappropriate behaviors - task avoidance/defiance - self injurious behaviors During an interview on 3/23/11 from 10:25 a.m. -2:15 p.m., the Administrator stated directions for data collection were not clearly spelled out in the behavior programs. The facility failed to ensure Individual #2's behavior programs clearly stated the type of data and frequency for which data was to be collected. 2. Individual #4's 3/11 IPP stated he was a 10 year old male diagnosed with pervasive developmental delay. Individual #4's PBSP, dated 3/11, included the following behavioral objectives which did not specify the type of data or frequency for which data was to be collected: - physical assault verbal aggression/intimidation - task avoidance/defiance property destruction During an interview on 3/23/11 from 10:25 a.m. -2:15 p.m., the Administrator stated directions for data collection were not clearly spelled out in the behavior programs. The facility failed to ensure Individual #4's

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behavior programs clearly stated the type of data and frequency for which data was to be collected.

Individual #1's IPP, dated 2/11, documented a 13 year old male diagnosed with moderate mental retardation, ODD, ADHD, PTSD, and

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interview on 3/25/11 from 11:20 a.m. - 1:10 p.m., the data collection method and frequency was not specified in the programs and needed to be added.

When asked, the Administrator stated during an

- sexually inappropriate behavior

The facility failed to ensure the frequency and type of data to be collected was specified for Individual #1.

4. Individual #3's IPP, dated 2/11, documented a 16 year old female diagnosed with mild mental retardation, ADHD, reactive attachment disorder, ODD, PTSD, developmental learning disorder, anxiety disorder NOS, and mood disorder.

Individual #3's PBSP, dated, 2/11, included the following behavioral objectives which did not specify the frequency and type of data that was to be collected:

- task avoidance
- inappropriate boundaries
- property destruction
- going to sleep and staying asleep
- elopement

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | (X2) MULTIPLE CONSTRUCTION A. BUILDING | | (X3) DATE SURVEY COMPLETED | |
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| | | 13G078 | | B. WING _ | | 03/2 | R 8/2011 |
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| NAME OF P | ROVIDER OR SUPPLIER | | | | STATE, ZIF CODE | | |
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| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | | | ID PREFIX TAG | PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY) | HOULD BE | (X5) COMPLETE DATE |
| MM854 | Continued From page 56 | | | MM854 | | | |
| {MM855} | accusations stated Form if Individual # accusation. However not specify what da Individual #3 actual When asked, the A interview on 3/25/15 the data collection in specified in the prograded. The facility failed to type of data to be condividual #3. 16.03.11.270.08(c) Record There must be a furthabilitation record for the progradiant in the progradiant in the prograde in the propriate in the prograde in the p | et as evidenced by: ion, record review, ar etermined the facility is used to manage inap- ciently defined and ie program plans for uals #1 - #4) whose is is resulted in a lack of intions being in place oral needs were met. | ABC e a false am did if sation. uring an :10 p.m., by was not be ey and d for ation ntained tation nd meet the ad staff failed to apropriate 4 of 4 BSPs of to ensure The | {MM855} | | | |
| | individuals (Individuals #1 - #4) whose PBSPs were reviewed. This resulted in a lack of appropriate interventions being in place to ensure individuals' behavioral needs were met. The findings include: 1. Individual #1's IPP, dated 2/11, documented a 13 year old male diagnosed with moderate | | | | | | |

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| | T OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIE | | (X2) MULTIPLE CONSTRUCTION A, BUILDING | | (X3) DATE SURVEY COMPLETED | |
|--------------------------|---|---|----------------------|---|-----------------|-------------------------------|---------------------|
| | | 13G078 | | B. WING _ | | 03/28 | R B/ 2011 |
| NAME OF P | ROVIDER OR SUPPLIER | 10001 | STREET AD | DRESS, CITY, S | STATE, ZIP CODE | 00,20 | <i>5,2,0</i> 1 1 |
| HOME A | GAIN ICF | | 2311 ARU NAMPA, I | IBA DRIVE D 83686 | | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | | ID PREFIX TAG | PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY) | ULD BE | (X5) COMPLETE DATE | |
| {MM855} | Continued From page 57 | | | {MM855} | | | |
| | mental retardation, ODD, ADHD, PTSD, and impulse control. | | | | | | |
| | Individual #1's programs to manage inappropriate behavior and to teach appropriate replacement behaviors did not provided sufficient instructions to staff as follows: | | | | | | |
| | a. Individual #1's PBSP, dated 2/11, contained an objective to reduce his instances of sexually inappropriate behavior (defined as making sexual comments or gestures toward others, exposing himself, or doing sexual acts in public). The instructions to staff consisted of one line which stated staff were not to give extra attention or approval to Individual #1 if he engaged in inappropriate sexually behavior. | | | | | | |
| | indicate how staff w | ctions were not suffice vere to intervene if In- propriate sexual beh | dividual | | | | |
| | interview on 3/25/1 | dministrator stated d 1 from 11:20 a.m 1 staff needed to be rev | :10 p.m., | | | | |
| | b. Individual #1's PBSP, dated 2/11, contained an objective to decrease instances of verbal aggression/intimidation (defined as yelling, swearing, or making derogative comments or gestures to staff or peers). The instructions to staff stated once Individual #1 engaged in verbal aggression, staff were to redirect him to his room or another calm area and if he corrected his behavior, they were to immediately praise him. However, there were no instructions to staff on how to intervene if Individual #1 did not correct his behavior. | | | | | | |
| | When asked, the A | dministrator stated d | uring an | | | | |

PRINTED: 04/07/2011 FORM APPROVED Bureau of Facility Standards (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER; A. BUILDING B. WING 13G078 03/28/2011 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2311 ARUBA DRIVE HOME AGAIN ICF NAMPA, ID 83686 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) {MM855} Continued From page 58 {MM855} interview on 3/25/11 from 11:20 a.m. - 1:10 p.m., the instructions to staff needed to be revised. c. Individual #1's PBSP, dated 2/11, included a replacement behavior objective for verbal aggression/intimidation which stated "[Individual #1] will calmly refuse an unpreferred [sic] task in 50% of trials for 3 consecutive months." The plan stated "staff should have a goal set that [Individual #1] is working toward that is meaningful for him that is tied to respectful speech." The plan did not include information regarding what an appropriate goal was, what was meaningful to Individual #1, or what respectful speech meant. The plan also stated staff were to increase the rate of positive reinforcement for positive behavior when Individual #1 became over-stimulated. The plan did not include information regarding what behaviors Individual #1 displayed when he was over-stimulated or what was reinforcing to Individual #1. The plan stated staff were to "remind [Individual #11 before a non-preferred task that he can refuse if he uses nice words" and to "Praise [Individual #1] when he respectfully refuses tasks." The plan did not include instructions to staff regarding what non-preferred activities were. what "nice words" were or if the staff were to

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allow Individual #1 to escape the non-preferred

When asked, the Administrator stated during an interview on 3/25/11 from 11:20 a.m. - 1:10 p.m.,

the training programs for Individual #1's replacement behaviors needed to be revised.

task if he used "nice words."

PRINTED: 04/07/2011 FORM APPROVED Bureau of Facility Standards STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING_ 13G078 03/28/2011 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2311 ARUBA DRIVE HOME AGAIN ICF NAMPA, ID 83686 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PRÉFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) {MM855} Continued From page 59 (MM855) d. Individual #1's PBSP, dated 2/11, contained an objective to decrease physical aggression (defined as throwing things at staff, hitting, kicking, and biting when asked to do something he doesn't want to do). The instructions to staff stated if "[Individual #1's] behaviors present an immediate risk to himself or others, staff will manually restrain him using the CPI Team Restraint until he no longer poses a threat to himself or others. The restraint is to be removed as soon as [Individual #1] is no longer presenting an immediate threat." However, the instructions did not clearly define what was considered an "immediate threat." When asked, the Administrator stated during an interview on 3/25/11 from 11:20 a.m. - 1:10 p.m.. the instructions to staff needed to be revised to clearly define when Individual #1 should be placed into and released from the restraint. e. Individual #1's PBSP, dated 2/11, included a replacement behavior objective for physical aggression which stated "[Individual #1] will talk to staff about his feelings in 50% of trials per month for 3 consecutive months." The plan stated staff were to be available to Individual #1 and reassure him if he displayed anxiety. The plan did not include instructions to staff regarding what behaviors Individual #1 displayed when he was anxious.

interventions" were.

The plan also stated staff were to use "strong verbal interventions" with Individual #1. However, the plan did not include what "strong verbal

Further, the plan stated staff were to talk to Individual #1 about his feelings during the day.

PRINTED: 04/07/2011 FORM APPROVED Bureau of Facility Standards (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING B, WING. 13G078 03/28/2011 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 2311 ARUBA DRIVE HOME AGAIN ICF NAMPA, ID 83686 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (EACH CORRECTIVE ACTION SHOULD BE COMPLETE DATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) {MM855} Continued From page 60 {MM855} The plan did not included when staff were to talk to him (e.g. specific times, only when he was anxious, prior to every task, etc.) or what staff were to do when Individual #1 expressed his feelings (e.g. how to respond if Individual #1 expressed anxiety, fear, joy, sadness, etc.). When asked, the Administrator stated during an interview on 3/25/11 from 11:20 a.m. - 1:10 p.m., the training programs for Individual #1's replacement behaviors needed to be revised. f. Individual #1's PBSP, dated 2/11, contained an objective to decrease property destruction (defined as breaking personal and facility property including breaking windows, punching or kicking walls, destroying his dresser). The instructions to staff stated staff were to place Individual #1 in a CPI team restraint if his safety or the safety of others ever came into question. However, the instructions did not clearly define when he should be placed in and released from the restraint. When asked, the Administrator stated during an interview on 3/25/11 from 11:20 a.m. - 1:10 p.m.. the instructions to staff needed to be revised to clearly define when Individual #1 should be placed into and released from the restraint. g. Individual #1's PBSP, dated 2/11, included a replacement behavior objective for property

consecutive months."

damage which stated "[Individual #1] will identify an appropriate response to frustration out of a choice of 2 options presented to him by staff while he is calm in 50% of trials per month for 3

The plan stated when Individual #1 became over-stimulated, staff were to assist him to find an

PRINTED: 04/07/2011 FORM APPROVED Bureau of Facility Standards (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING 13G078 03/28/2011 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2311 ARUBA DRIVE HOME AGAIN ICF NAMPA, ID 83686 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID COMPLETE DATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) {MM855} Continued From page 61 {MM855} area in which to calm down. The plan did not include information regarding what behaviors Individual #1 displayed when he was over-stimulated. The plan also stated staff were to read him a story about a child who was frustrated and give him 2 choices of how to respond. The plan did not include information regarding where the story was located, if there was more than one story available to Individual #1, or when the story was to be read to Individual #1 (e.g., only when he was over-stimulated, at specific times during the day, etc.) When asked, the Administrator stated during an interview on 3/25/11 from 11:20 a.m. - 1:10 p.m., the training programs for Individual #1's replacement behaviors needed to be revised. h. Individual #1's PBSP, dated 2/11, included a replacement behavior objective for task avoidance which stated "[Individual #1] will state why it is important to wear clothes that are in line with the school uniform to school in 50% of trials per month." The plan stated staff were to "explain why it is important for [Individual #1] to wear clothes that are in line with the school uniform in simple easy

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as stated in his objective.

to understand terms." The plan did not include the specific reason why following the school dress code was important (e.g. consequences of potential expulsion, simply because it was a rule, etc.). Additionally, the plan did not include instructions to staff regarding when Individual #1 was to explain why it was important to wear clothes in accordance with the school dress code

Bureau of Facility Standards STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION

(X3) DATE SURVEY COMPLETED

A. BUILDING B. WING_

R 03/28/2011

13G078

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

| HOME A | GAIN ICF | 2311 ARU NAMPA, I | JBA DRIVE D 83686 | | |
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| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY REGULATORY OR LSC IDENTIFYING INFORMA | FULL | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE |
| (MM855) | Continued From page 62 | | {MM855} | | |
| | When asked, the Administrator stated dinterview on 3/25/11 from 11:20 a.m 1 the training programs for Individual #1's replacement behaviors needed to be re- | on 3/25/11 from 11:20 a.m 1:10 p.m., g programs for Individual #1's ent behaviors needed to be revised. If #1's PBSP, dated 2/11, included a ent behavior objective for physical and tantrums which stated I #1] will ask for a break during a red task in 50% of trials per month for tive months." Itated staff were to be available to #1 and reassure him if he displayed he plan did not include instructions to ding what behaviors Individual #1 when he was anxious. Ilso stated staff were to use "strong rventions" with Individual #1. However, d not include what "strong verbal | | | |
| | i. Individual #1's PBSP, dated 2/11, inclureplacement behavior objective for physintimidation and tantrums which stated "[Individual #1] will ask for a break durin non-preferred task in 50% of trials per national security | | | | |
| | The plan stated staff were to be available Individual #1 and reassure him if he dispanxiety. The plan did not include instruct staff regarding what behaviors Individual displayed when he was anxious. | | | | NA WATER |
| | The plan also stated staff were to use "sverbal interventions" with Individual #1. the plan did not include what "strong verinterventions" were. | | | | |
| | When asked, the Administrator stated during an interview on 3/25/11 from 11:20 a.m 1:10 p.m., the training programs for Individual #1's replacement behaviors needed to be revised. The facility failed to ensure systematic interventions to manage inappropriate behavior and to teach appropriate replacement behaviors were incorporated into Individual #1's plans. 2. Individual #3's IPP, dated 2/11, documented a 16 year old female diagnosed with mild mental retardation, ADHD, reactive attachment disorder, ODD, PTSD, developmental learning disorder, anxiety disorder NOS, and mood disorder. | | | | |
| | | | | | |
| | | | | | |
| | Individual #3's programs to manage inag | opropriate | | | |
| ureau of Fa | cility Standards | | | | |

| AND PLAN OF CORRECTION DENTIFICATION N | | (X1) PROVIDER/SUPPLIE IDENTIFICATION NUI | | (X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING | | (X3) DATE SURVEY COMPLETED R - 03/28/2011 | |
|--|---|--|---|--|---|--|---------|
| NAME OF E | PROVIDER OR SUPPLIER | 130076 | STREET AD | DRESS CITY : | STATE, ZIP CODE | U3 <u>12</u> | 28/2011 |
| | GAIN ICF | | | JBA DRIVE | | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | | | ID PREFIX TAG | PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THIS DEFICIENCY) | (X5) COMPLETE DATE | |
| {MM855} | behavior and to teal behaviors did not performance to staff as follows: a. Individual #3's Pobjective for decrease refusing to compete treatment schedule isolation in her room stated if Individual task, she was to be in her room until shrequest. However, it was not the intervention if Intask or request by When asked, the Ainterview on 3/25/1 the definition of tas revised. b. Individual #3's Preplacement behave avoidance which stidentify a positive weffects her environs scenario by staff in consecutive month. The plan stated staff about her day a she begins to displant her plan did not incomplete. | ach appropriate replace and appropriate replace provided sufficient instance as a summary of the provided sufficient instance ply with tasks on her are by ignoring, refusal, m). The instructions of the provided to move the provided to the provided to the provided and the provided at th | tructions Intained an (defined active and to staff to the next of to stay olete the eto run iding a om. I to be Cluded a will behavior of with a nth for 3 dividual by before aviors." | {MM855} | | | |
| | The plan further sta | ated she was to recei | ve high | | | | |

| | STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CI AND PLAN OF CORRECTION IDENTIFICATION NUMBE | | | (X2) MULTIPLE CONSTRUCTION | | (X3) DATE SURVEY COMPLETED | |
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| | | 420070 | | A. BUILDIN B. WING _ | | F | |
| | | 13G07 <u>8</u> | CTDEET AD | DDECC CITY I | PTATE ZIR CODE | 03/28 | 8/2011 |
| | ROVIDER OR SUPPLIER | | 2311 ARU | IBA DRI√E | STATE, ZIP CODE | | |
| NAMPA, | | | NAMPA, I | D 83686 | | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | | | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | | (X5) COMPLETE DATE |
| {MM855} | Continued From pa | ige 64 | | {MM855} | | | |
| | rates of reinforcement and attention for positive behavior. The plan did not include information related to what "high" levels were, what was reinforcing to Individual #3 or what positive behaviors she displayed. When asked, the Administrator stated during an interview on 3/25/11 from 11:20 a.m 1:10 p.m., the training programs for Individual #3's replacement behaviors needed to be revised. c. Individual #3's PBSP, dated 2/11, contained an objective for decreasing angry emotional outbursts (defined as acting in an aggressive manor toward staff and peers including yelling, swearing, threatening, throwing objects, invading personal space, and attempting to or hitting others). The instructions to staff stated if "[Individual #3's] behaviors present an immediate risk to herself or others, staff will manually restrain her using the CPI Team Restraint until he [sic] no longer poses a threat to himself [sic] or others. The restraint is to be removed as soon as she is no longer presenting an immediate threat." However, the instructions did not clearly | | | | | | |
| | threat." | | | | | | 1 |
| | When asked, the Administrator stated during an interview on 3/25/11 from 11:20 a.m 1:10 p.m., the instructions to staff needed to be revised to clearly define when Individual #3 should be placed into and released from the restraint. | | | | | | |
| | replacement behavementional outburst | BSP, dated 02/11, in vior objective for angr which stated "[Indivi- y what she wants 50 nsecutive months." | ry dual #3] | | | | |

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| | TATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | | (X2) MULTII A. BUILDING B. WING | PLE CONSTRUCTION G | (X3) DATE SURVEY COMPLETED R | | |
|--------------------------|---|----------|---|---------------------------------------|--|--------------------------------|--------------------------|--|
| | | 13G078 | | <u> </u> | | 03/2 | 8/2011 | |
| HOME AGAINING | | 2311 ARU | DDRESS, CITY, STATE, ZIP CODE UBA DRIVE ID 83686 | | | | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | | | 1D PREFIX TAG | PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY | ON SHOULD BE IE APPROPRIATE | (X5) COMPLETE DATE | |
| {MM855} | PROVIDER OR SUPPLIER AGAIN ICF SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | | {MM855} | | | | | |

PRINTED: 04/07/2011

FORM APPROVED Bureau of Facility Standards STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING 13G078 03/28/2011 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2311 ARUBA DRIVE HOME AGAIN ICF NAMPA, ID 83686 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PRÉFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) {MM855} {MM855} Continued From page 66 However, the instructions to staff did not clearly define how staff were to intervene if Individual #3 exhibited inappropriate boundaries while in the community. When asked, the Administrator stated during an interview on 3/25/11 from 11:20 a.m. - 1:10 p.m., the instructions to staff needed to be revised. f. Individual #3's PBSP, dated 02/11, included a replacement behavior objective for inappropriate boundaries which stated "[Individual #3] will identify appropriate ways to get attention in 90% of trials per month for 3 consecutive months." The plan stated staff were to "maintain appropriate physical boundaries with [Individual #3] at all times." However, the plan did not include information regarding what "appropriate physical boundaries meant (e.g. arm's length distance, side hugs only, etc.). When asked, the Administrator stated during an interview on 3/25/11 from 11:20 a.m. - 1:10 p.m., the training programs for Individual #3's replacement behaviors needed to be revised. g. Individual #3's PBSP, dated 2/11, contained an objective for decreasing incidents of property destruction (defined as kicking walls and door, tearing blinds, and destroying screens). The instructions to staff stated if "[Individual #3's] behaviors present an immediate risk to herself or others, staff will manually restrain her using the CPI Team Restraint until he [sic] no longer poses a threat to himself [sic] or others. The restraint is

to be removed as soon as she is no longer presenting an immediate threat." However, the instructions did not clearly define what was

considered an "immediate threat."

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | (X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING | | (X3) DATE SURVEY COMPLETED R 03/28/2011 | |
| NAME OF P | ROVIDER OR SUPPLIER | | STREET AD | DRESS, CITY, | STATE, ZIP CODE | _ | |
| HOME AGAIN ICF | | | 2311 ARU NAMPA, I | JBA DRIVE D 83686 | | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | | | ID PREFIX TAG | (EACH CORRECTIVE ACTION SHOULD BE COM | | (X5) COMPLETE DATE |
| {MM855} | Continued From page 67 | | | {MM855} | _ | | |
| | When asked, the Administrator stated during an interview on 3/25/11 from 11:20 a.m 1:10 p.m., the instructions to staff needed to be revised to clearly define when Individual #3 should be placed into and released from the restraint. | | | | | | |
| | replacement behav | BSP, dated 02/11, in ior objective for prop tated "[Individual #3] | erty | | | | |

#3] will identify a positive way that her positive behavior effects her environment when presented with a scenario by staff in 70% of trials per month for 3 consecutive months." The plan stated staff were to "maintain appropriate physical boundaries with [Individual #3] at all times." However, the plan did not include informations regarding what "appropriate

attention though positive ways identified by her through Replacement Objective #2 in 75% of trials per month for 3 consecutive months." Her "Replacement Objective #2" stated "[Individual

When asked, the Administrator stated during an interview on 3/25/11 from 11:20 a.m. - 1:10 p.m., the training programs for Individual #3's replacement behaviors needed to be revised.

physical boundaries meant (e.g. arm's length

distance, side hugs only, etc.).

i. Individual #3's PBSP, dated 2/11, contained an objective for decreasing instances of false allegations (defined as falsely accusing and threatening to accuse others of sexual abuse). The instructions to staff did not clearly define appropriate interventions for staff to follow if Individual #3 engaged in making false accusations.

PRINTED: 04/07/2011 FORM APPROVED **Bureau of Facility Standards** (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING B. WING 13G078 03/28/2011 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 2311 ARUBA DRIVE **HOME AGAIN ICF** NAMPA, ID 83686 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) (MM855) {MM855} Continued From page 68 When asked, the Administrator stated during an interview on 3/25/11 from 11:20 a.m. - 1:10 p.m., the instructions to staff needed to be revised. j. Individual #3's PBSP, dated 02/11, included a replacement behavior objective for making false accusations which stated "[Individual #3] will show respect for staff by speaking respectfully to them in 70% of trials for 3 consecutive months. The plan did not include instructions to staff regarding what "respectful" meant or how to teach Individual #3 to speak to staff respectfully. When asked, the Administrator stated during an interview on 3/25/11 from 11:20 a.m. - 1:10 p.m., the training programs for Individual #3's replacement behaviors needed to be revised. k. Individual #3's PBSP, dated 02/11, included a replacement behavior objective for difficulty falling asleep which stated "[Individual #3] will engage in her bed time routine in 80% of trials for 6 consecutive months." However, the instructions to staff for the replacement behavior did not provide Individual #3's bed time routine. When asked, the Administrator stated during an interview on 3/25/11 from 11:20 a.m. - 1:10 p.m.,

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months."

the training programs for Individual #3's replacement behaviors needed to be revised.

I. Individual #3's PBSP, dated 02/11, included a replacement behavior objective for running away which stated "[Individual #3] will talk to staff about her feelings in 70% of trials for 3 consecutive

PRINTED: 04/07/2011 FORM APPROVED Bureau of Facility Standards STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING B. WING 13G078 03/28/2011 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 2311 ARUBA DRIVE **HOME AGAIN ICF** NAMPA, ID 83686 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) {MM855} {MM855} Continued From page 69 The plan stated staff were to speak to Individual #3 about her feeling during her nightly hygiene routine. However, the plan did not include instructions to staff regarding how to respond if Individual #3 refused to talk about her feelings or how to respond if Individual #3 did talk about her feelings (e.g. how to respond if she expressed anger, frustrations, joy, etc.) When asked, the Administrator stated during an interview on 3/25/11 from 11:20 a.m. - 1:10 p.m.. the training programs for Individual #3's replacement behaviors needed to be revised. 3. Individual #2's 2/11 IPP stated he was a 14 year old male diagnosed with mild mental retardation. Individual #2's programs to manage inappropriate behavior and to teach appropriate replacement behaviors did not provided sufficient instructions to staff as follows: a. Individual #2's PBSP, dated 3/11, stated he engaged in physical aggression (defined as hitting, kicking, and/or spitting on others with intent to harm). Individual #2's Functional Behavior Assessment, dated 3/11, stated the function of the behavior was to get attention from a particular staff but it would also occur if he was over-stimulated. However, his PBSP did not include directions to staff regarding how to engage Individual #2 in appropriate attention seeking or redirection from over-stimulating situations prior to engaging in the

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maladaptive behavior.

b. Individual #2's PBSP stated he engaged in teasing or provoking others (defined as poking, yelling at, and/or any other action directed at the other residents or staff with the intent of getting the other resident or staff to react in a negative

FORM APPROVED Bureau of Facility Standards (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING 13G078 03/28/2011 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 2311 ARUBA DRIVE HOME AGAIN ICF NAMPA, ID 83686 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5)(X4) ID ID (EACH CORRECTIVE ACTION SHOULD BE COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) (MM855) {MM855} Continued From page 70 manor). Individual #2's Functional Behavior Assessment stated the function of the behavior was to gain attention and he enjoyed provoking others. However, his PBSP did not include directions to staff regarding how to engage Individual #2 in appropriate attention seeking or redirection from provoking others prior to engaging in the maladaptive behavior. c. Individual #2's PBSP stated he engaged in tantrums (defined as falling to the ground kicking and screaming). Individual #2's Functional Behavior Assessment stated the function of the behavior was to get something he wanted. However, his PBSP did not include directions to staff regarding how to engage Individual #2 in obtaining wanted items without engaging in the maladaptive behavior. d. Individual #2's PBSP stated he engaged in sexually inappropriate behaviors (defined as touching or grabbing women's chests or making sexually inappropriate comments or gestures). Individual #2's Functional Behavior Assessment stated the function of the behavior was to get attention and appeared to have a "hormonal function."

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However, his PBSP did not include directions to staff regarding how to engage Individual #2 in gaining attention appropriately without engaging in the maladaptive behavior, or what to do to address the "hormonal function" of the behavior.

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | (X2) MULTIPLE CONSTRUCTION A. BUILDING | | (X3) OATE SURVEY COMPLETED R | |
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| {MM855} | Continued From pa | ige 71 | | {MM855} | | | |
| | e. Individual #2's PBSP stated he engaged in self injurious behaviors (defined as biting his lip to make it bleed, pinching himself, or hitting himself). | | | | | | |
| | Individual #2's Functional Behavior Assessment stated the function of the behavior was to get attention from staff and to "show staff how angry he is." | | | | | | |
| | However, his PBSP did not include directions to staff regarding how to engage Individual #2 in appropriate attention seeking or expression of anger prior to engaging in the maladaptive behavior. | | | | | | |
| | f. Individual #2's PBSP, dated 3/11, included a replacement behavior objective for physical aggression towards others, teasing/provoking others, tantrums, sexually inappropriate behaviors, and self injurious behaviors which stated "Given direct verbal prompts, [Individual #2] will appropriately initiate an interaction with another resident (by verbally interacting without using derogatory or offensive language) in 60% of trials per month for 3 consecutive months." | | | | | | |
| | The plan stated staff would redirect Individual #2 from over-stimulating environments. However, the plan did not include information related to what an over-stimulating environment was. | | | | | | |
| | Individual #2 to initi individual by asking him. Staff were to initiating an interact did not include instr | ff were to verbally pro ate an interaction wit g if they wanted to pla then verbally praise had tion appropriately. The fructions to staff regar 2 did not initiate an a | h another ly with him for he plan ding what | | | | |

Bureau of Facility Standards

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| HOME AGAIN ICF 2311 ARUBA DRIVE NAMPA, ID 38868 | | | | STREET AD | DRESS, CITY, S | STATE, ZIP CODE | 03/2 | .0/ <u>20</u> ! I |
| PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) PROBLEM TAG (EACH OFFICIENCY) REGULATORY OR LSC IDENTIFYING INFORMATION) REGULATORY OR LSC IDENTIFYING INFORMATION) (MM855) (MM855) (Individual #2'S PBSP stated he engaged in verbal assault to staff (defined as treating staff with harm, and yelling or cursing at staff or other residents). Individual #2'S Functional Behavior Assessment stated the function of the behavior was to avoid undesirable tasks or to avoid particular situations. However, the PBSP did not include directions to staff regarding how to engage Individual #2 in the undesirable task or to avoid tasks without engaging in verbal assault. h. Individual #2'S PBSP stated he engaged in task avoidance/defiance (defined as refusing to comply with staff requests or complete tasks). Individual #2'S Functional Behavior Assessment stated the function of the behavior was task avoidance but "it has a greater function of irritating the staff which he enjoys." However, the PBSP did not include directions to staff regarding how to engage Individual #2 in the task he was trying to avoid without engaging in the maladaptive behavior. i. Individual #2'S PBSP included a replacement objective for verbal assault to staff and task avoidance/defiance which stated "Given 2 direct verbal prompts or less, [Individual #2] will respectfully refuse an unwanted task in 60% of | | | | 2311 ARL | JBA DRIVE | | | |
| interaction. g. Individual #2's PBSP stated he engaged in verbal assault to staff (defined as treating staff with harm, and yelling or cursing at staff or other residents). Individual #2's Functional Behavior Assessment stated the function of the behavior was to avoid undesirable tasks or to avoid particular situations. However, the PBSP did not include directions to staff regarding how to engage Individual #2 in the undesirable task or to avoid tasks without engaging in verbal assault. h. Individual #2's PBSP stated he engaged in task avoidance/defiance (defined as refusing to comply with staff requests or complete tasks). Individual #2's Functional Behavior Assessment stated the function of the behavior was task avoidance but "it has a greater function of irritating the staff which he enjoys." However, the PBSP did not include directions to staff regarding how to engage Individual #2 in the task he was trying to avoid without engaging in the maladaptive behavior. i. Individual #2's PBSP included a replacement objective for verbal assault to staff and task avoidance/defiance which stated "Given 2 direct verbal prompts or less, Individual #2) will respectfully refuse an unwanted task in 60% of | PRÉFIX | (EACH DEFICIENC) | Y MUST BE PRECEDED BY | FULL | PREFIX | (EACH CORRECTIVE ACTION SHOULD BE CO CROSS-REFERENCED TO THE APPROPRIATE | | |
| additional replacement for task avoidance/defiance stated "Given a direct verbal prompt or less, [Individual #2] will engage in positive activities that he enjoys during his free | {MM855} | interaction. g. Individual #2's P verbal assault to st with harm, and yell residents). Individual #2's Function undesirable tasks of However, the PBSI staff regarding how undesirable task or engaging in verbal h. Individual #2's P task avoidance/def comply with staff re Individual #2's Function avoidance but "it ha irritating the staff w However, the PBSI staff regarding how task he was trying the maladaptive be i. Individual #2's PE objective for verbal avoidance/defiance verbal prompts or le respectfully refuse trials per week for a additional replacem avoidance/defiance prompt or less, [Individual #2's PE objective for verbal avoidance/defiance prompt or less, [Individual #2's PE objective for verbal avoidance/defiance prompt or less, [Individual #2's PE objective for verbal avoidance/defiance prompt or less, [Individual #2's PE objective for verbal avoidance/defiance prompt or less, [Individual #2's PE objective for verbal avoidance/defiance prompt or less, [Individual #2's PE | BSP stated he engage aff (defined as treating or cursing at staff cotional Behavior Assort to avoid particular to engage Individual to avoid tasks without assault. BSP stated he engage and to avoid tasks without assault. BSP stated he engage and the behavior Assort the behavior was a greater function which he enjoys." I did not include direct to engage Individual to avoid without engage Individual to avoid without engage assault to staff and the which stated "Giver ess, [Individual #2] wan unwanted task in a consecutive monthiner to task estated "Given a direct task estated "Given a dir | essment to avoid situations. ctions to a full formulations. ctions to a full full full full full full full fu | {MM855} | | | |

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

NAME OF PROVIDER OR SUPPLIER

HOME AGAIN ICF

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED A. BUILDING B. WING D3/28/2011

STREET ADDRESS, CITY, STATE, ZIP CODE

2311 ARUBA DRIVE NAMPA, ID 83686

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| (MM855) | Continued From page 73 | | {MM855} | | | | |
| {MM855} | time (like fishing, gardening etc) [sic] in 80% of trials per month for 3 consecutive months." The plan stated staff were to choose a non-preferred task for the day to prompt Individual #2 to refuse respectfully. However the plan did not include information regarding what tasks were non-preferred for Individual #2. j. Individual #2's PBSP stated he engaged in property destruction (defined as destroying his personal items or property of the facility by punching or kicking walls, doors, or his dresser). Individual #2's Functional Behavior Assessment stated the function of the behavior was to "release his negative emotional energy." However, the PBSP did not include directions to staff regarding how to engage Individual #2 in release of negative emotional energy prior to engaging in the maladaptive behavior. k. Individual #2's PBSP stated he engaged in running from staff (defined as trying to avoid supervision from staff). His Functional Behavior Assessment stated the function of the behavior was to irritate and provoke staff. However, the PBSP did not include directions to staff regarding how to engage Individual #2 in interacting with staff without engaging in the maladaptive behavior. 1. Individual #2's PBSP included a replacement objective for running from staff which stated "Given a direct verbal prompt or less, [Individual #2] will engage in positive activities that he enjoys during his free time (like fishing, gardening etc) [sic] in 80% of trials per month for 3 consecutive | | {MM855} | | | | |
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PRINTED: 04/07/2011 FORM APPROVED Bureau of Facility Standards STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING 13G078 03/28/2011 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 2311 ARUBA DRIVE HOME AGAIN ICF NAMPA. ID 83686 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE ID (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PRÉFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) {MM855} {MM855} Continued From page 74 months." The plan stated staff were to help Individual #2 avoid over-stimulating environments. However, the plan did not include information regarding what an over-stimulating environment was. During an interview on 3/24/11 from 9:05 - 11:45 a.m., the Administrator stated Individual #2's replacement behaviors were not sufficiently developed and needed to be revised and the directions to staff were not sufficient in Individual #2's PBSP and needed to be revised. 4. Individual #4's 3/11 IPP stated he was a 10 year old male diagnosed with pervasive developmental delay. Individual #4's programs to manage inappropriate behavior and to teach appropriate replacement behaviors did not provided sufficient instructions to staff as follows: a. Individual #4's PBSP stated he engaged in physical aggression towards others (defined as hitting, kicking, and/or spitting on those around him). Individual #4's Functional Behavior Assessment stated the function of the behavior was task avoidance and attention seeking. However, the PBSP did not include directions to staff regarding how to engage Individual #4 in the undesired task or seek attention without engaging in the maladaptive behavior.

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b. Individual #4's PBSP, dated 3/11, included a replacement objective for physical aggression towards others which stated "Given a direct verbal prompt or less, [Individual #4] will ask for a break during a non-preferred task in 50% of trails

per month for 3 consecutive months."

Bureau of Facility Standards STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION COMPLETED A. BUILDING B. WING ___ 13G078 03/28/2011 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER

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| {MM855} | Continued From page 75 | {MM8 | 55} | | |
| | The plan stated staff were to redirect Individual #4 from over-stimulating environments. However, the plan did not include information related to what an over-stimulating environment was. | | | | |
| The plan also stated staff were to prompt Individual #4 to ask for a break during a task, before he expressed frustration. However, the plan did not include information to staff regarding how to anticipate Individual #4's frustration. | | task, er, the egarding | | | |
| | c. Individual #4's PBSP stated he engaged in verbal aggression/intimidation (defined as yelling, swearing, or making derogative comments to staff or peers). Individual #4's Functional Behavior Assessment stated the function of the behavior was to control his environment. | | | | |
| | However, the PBSP did not include direct staff regarding how to engage Individual adjusting his environment rather than er the maladaptive behavior. | #4 in | | | |
| | d. Individual #4's PBSP stated he engage task avoidance/defiance (defined as reflectionally with staff requests or complete to Individual #4's Functional Behavior Assessated the function of the behavior was to tasks and to gain independence. | using to asks). essment | ì | | |
| | However, the PBSP did not include direct staff regarding how to engage Individual undesired task or encourage independe without engaging in the maladaptive beh | #4 in the | | | |
| | e. Individual #4's PBSP stated he engage property destruction (defined as breakin personal and facility property). | ' I | | | A STATE OF THE STA |

03/28/2011

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

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| {MM855} | Continued From page 76 Individual #4's Functional Behavior Assessated the function of the behavior was a control over his environment and exert independence. However, his PBSP did not include direct staff regarding how to engage Individual controlling his environment or how to enindependence without engaging in the maladaptive behavior. f. Individual #4's PBSP included a replate objective for verbal aggression/intimidat avoidance/defiance and property destru which stated "Given 2 direct verbal promidess, [Individual #4] will request a chang schedule in 75% of trials for 3 consecution months." The plan stated staff were to "have a go [Individual #4] is working toward that is meaningful to him that is tied to respect speech." The plan did not include informelated to how staff were to set a goal, we meaningful to Individual #4, or what respect meant. The plan also stated staff were to redire Individual #4 to his bedroom or outside was becoming over-stimulated in the hoplan did not include instructions to staff what "over-stimulated" meant for Individual The plan stated he was to receive "an in rate of positive reinforcement for positive behavior." The plan did not include informelated to what "increased rate" meant, positive reinforcement for Individual #4, "positive behavior" was. | gain nis ctions to 1 #4 in iccourage cement ion, task ction inpts or e in his ive cal set that ful mation what was pectful ct when he regarding lual #4. icreased e rmation what was | {MM855} | | |

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Bureau of Facility Standards (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING 13G078 03/28/2011 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 2311 ARUBA DRIVE HOME AGAIN ICF NAMPA, ID 83686 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFIX PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) {MM855} Continued From page 77 (MM855) The plan stated staff were to review Individual #4's schedule with him in the morning and prompt him to request a schedule change. However, the plan did not include instructions to staff regarding how to respond when Individual #4 requested a schedule change or how to respond if Individual #4 did not want his schedule changed. g. Individual #4's PBSP stated he engaged in tantrums (defined as throwing items around the room, crying uncontrollably, and falling to the ground). Individual #4's Functional Behavior Assessment stated the function of the behavior was to communicate his frustration. However, his PBSP did not include directions to staff regarding how to engage Individual #4 in appropriate communication without engaging in the maladaptive behavior. h. Individual #4's PBSP included a replacement objective for tantrums which stated "given a direct verbal prompt or less, [Individual #4] will talk to staff about his feelings in 50% of trials per month for 3 consecutive months." The plan stated staff were to assist Individual #4 to avoid over-stimulating environments. However, the plan did not include information related to what an over-stimulating environment was. The plan also stated staff were to use active listening skills when Individual #4 wanted to talk about his feelings. However, the plan did not include instructions to staff regarding how to respond when Individual #4 expressed different emotions (e.g., how to respond when he expressed anger, fear, sadness, joy, etc.)

Bureau of Facility Standards

(X3) DATE SURVEY

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES

| AND PLAN OF CORRECTION \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | | | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | PLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED R | |
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| Ç | During an interview on 3/24/11 from 9:05 - 11:45 a.m., the Administrator stated Individual #4's replacement behaviors were not sufficiently developed and needed to be revised and the directions to staff were not sufficient in Individual #4's PBSP and needed to be revised. | | | | | | |
| MM866 | 16.03.11.270.09(a) | (iii) Human and Civil | Rights | MM866 | | | |
| | Asserting and safeguarding the human and civil rights of the intellectually disabled and their families and fostering the human dignity and the personal worth of each resident. | | | | | | |
| | Based on observat interviews, it was d ensure techniques behavior were empsafeguards and survelfare and civil an individuals (Individurestrictive intervent resulted in a lack o | e is not met as evidenced by: n observation, record review and staff s, it was determined the facility failed to echniques to manage inappropriate were employed with sufficient ds and supervision to ensure the safety, and civil and human rights for 2 of 4 ls (Individuals #1 and #2) whose e interventions were reviewed. This in a lack of adequate protections related uals' rights and physical safety. The nclude: | | | | | |
| | 1. During visits to the school attended by Individuals #1 and #2, on 3/22/11 from 11:10 a.m 12:15 p.m. and 3/25/11 from 10:00 - 10:15 a.m., two designated time-out rooms were assessed. Both rooms were noted to be approximately 7 feet wide and 9 feet deep. Each room had a door offset to one side. The door contained a window that was approximately 5 inches wide by 18 inches high. A paper cover was attached to the door which could be placed over the window. The interior walls of both rooms were padded, as was the inside of the door. The doors opened | | | | | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | | (X2) MULTIPLE CONSTRUCTION A. BUILDING | | COMPLE | (X3) DATE SURVEY COMPLETED | |
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| MM866 | Continued From pa | ige 79 | | MM866 | | | |
| | outward, but could be held shut with the use of magnetic locking systems activated by a button on the outside wall of each room. Staff would engage the locking system by maintaining physical contact with the button. | | | | | | |
| | It was noted that, once inside the room with the door shut, an individual could stand in the corner to one side of the door and not be seen through the window. Additionally, when lying on the floor in front of the door, it would not be possible to observe the individual's hands, face, or portions of the body that were against the door. | | | | | | |
| | | it, it was not be poss tact and ensure the s the room. | | | | | |
| | a.m., the school pri written policies with time-out room if vis | ring an interview on 3/25/11 from 10:00 - 10:15 n., the school principal stated there were no tten policies with regards to entering the e-out room if visual contact could not be intained with the individual inside the room. | | | | | |
| | On 3/22/11 from 11:25 a.m 2:15 p.m., Individual #1 and Individual #2's school Case Managers both stated the time-out rooms were used for Individual #1 and Individual #2. The school utilized a Daily Tracking Form to provide documentation to the facility regarding individuals' usage of the rooms. | | | | | | |
| | day period in 3/11 v | y Tracking Forms for were reviewed and untarily went into the was placed in the time | time-out | | | | |
| | | y Tracking Forms for reviewed and docur | | | | | ************************************** |

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| MM866 | | _ | | MM866 | | | |
| | During an interview 2:15 p.m., the Adm aware the time-out seen the rooms. T was aware the roor requirements. The facility failed to were developed rel rooms to ensure In- | ime-out room 13 time on 3/23/11 from 10:2 inistrator stated she verooms were in use at the Administrator state as did not meet regula to ensure sufficient saf ated to the use of time dividual #1 and Indivi- safety were protected | 25 a.m was ind had ied she ilatory feguards ne-out idual #2's | | | | |
| | | | | | | | The state of the s |

Home Again ICF Plan of Corrections for Survey dated April 8, 2011

Кеу:

- Describe what corrective actions will be accomplished for those individuals found to have been affected by the deficient practice.
- Describe how the facility will identify other individuals having the potential to be affected by the same deficient practice and what corrective actions and what corrective actions will be taken.
- Describes what measures will be put into place or what systematic change will be made to ensure that
 the deficient practice does not reoccur. How will the corrective actions be monitored to ensure that the
 deficient practice will not reoccur, ie. What quality assurance program will be put into place.
- 4. What is the date that the corrective actions will be completed?

W102 - Refer to W266 for a description of the systematic changes that have been made to ensure future compliance.

W104 - Refer to W124, W159, W214, W227, W239, W252, W262, W263, W266, W276, W289

W120

- 1. For individuals 1, 2, and 4, the Administrator and QMRP are working with the school to institute a system of behavior documentation at school that will be specific and comprehensive enough to convey for each of the targeted behaviors how often they are happening, and whether the behaviors are increasing or decreasing in frequency, duration, and severity. The QMRP will observe in the classrooms to assess the behaviors as they occur at school. The communication with the school and observations will be documented. The school will receive updated copies of Home Again ICF's behavior assessments (FUBAA) and IPP's and the QMRP will ensure that the school is using the same interventions that are being used at home when practical and will ensure that interventions that are different have a similar function.
- 2. The QMRP and Administrator will observe in the classes of all of the residents and will communicate with the teachers to ensure that policies are in place to ensure the documentation of targeted behaviors are documented at school and reported to the home with enough detail to record how often they are happening, and whether the behaviors are increasing or decreasing in frequency, duration, and severity. The communication with the school and observations will be documented. The school will receive updated copies of Home Again ICF's behavior assessments and IPP's and the QMRP will ensure that the school is using the same interventions that are being used at home when practical and will ensure that interventions that are different have a similar function.
- 3. The QMRP will observe in the classrooms of all residents at least quarterly to assess the residents' behavior and progress in the classrooms to ensure that the resident's behavioral and academic needs are being met, and to ensure that the interventions being used are the same interventions that are being used at home when practical and will ensure that interventions that are different have a similar function. The QMRP will provide copies of all FUBA, IPPs, and IDT assessments as they are updated. The QMRP will review the behavior documentation as it comes home from school to ensure that it is specific enough to assess the progress toward the behavioral objectives and the effectiveness of the interventions.
- 4. These changes will be completed by May 3, 2011.



- For individuals 1 and 2, the AQMRP will create new HRC and Parental Consents that are informed and
 accurately reflect the programs and interventions used as outlined in the PBSP including the medical plans
 of reduction.
- For all residents, the AQMRP will review all HRC and Parental Consents and ensure that that all consents are informed and accurately reflect the programs and interventions used as outlined in the PBSP including the medical plans of reduction.
- 3. The AQMRP will update the HRC and Parental Consents and submit them to be approved whenever the interventions and/or medical plans of reduction are changed. The AQMRP will review the HRC and Parental Consents quarterly and ensure that that all consents are informed, signed, not expired, and accurately reflect the programs and interventions used as outlined in the PBSP including the medical plans of reduction.
- 4. This will be completed by April 25, 2011.

W1S9 - Refer to W120, W124, W214, W227, W230, W236, W237, W239, W2S2, W262, W263, W285

W214

- For individuals 1-4, the FUBAs have been updated by the IDT to include accurate detailed information on the behaviors as well as the symptoms that the residents display in relation to each of their mental illness diagnosis and how those diagnosis affect the behaviors.
- For all residents, the FUBAs have been updated by the IDT to include accurate detailed information on the behaviors as well as the symptoms that the residents display in relation to each of their mental illness diagnosis and how those diagnoses affect the behaviors.
- 3. The IDT will work together to assess new and emerging behaviors, and update existing behavior assessments to include accurate detailed information on the behaviors as well as the symptoms that the residents display in relation to each of their mental illness diagnosis and how those diagnosis effect the behaviors. The QMRP will ensure that the assessments are accurate, detailed, and include information on the mental illnesses and how they impact the behaviors.
- 4. This will be completed by 4/12/2011.

W227

- 1. For individual #2, IPP objectives to track symptoms of mental illness have been added by the IDT.
- 2. IPP objectives to track the symptoms of mental illness have been added for all residents by the IDT.
- All future IPPs and IPP updates will include objectives to track the symptoms of mental illness. The QMRP
 will be responsible to ensure that these objectives are included for the symptoms the mental illnesses for
 all residents.
- This will be completed by 4/12/2011.

W230

- For individuals 1-4, projected completion dates have been added to all IPP objectives.
- 2. For all residents, projected completion dates have been added to all IPP objectives.
- 3. In the future, projected completion dates will be added to all IPP objectives by the QMRP.
- This will be completed by 4/12/2011.

W236

- For individuals 1-4, the person responsible for monitoring the objective has been added to all IPP
 objectives.
- 2. For all residents, the person responsible for monitoring the objective has been added to all IPP objectives.
- 3. In the future, the person responsible for monitoring the objective has been added to all IPP objectives by the QMRP.
- 4. This will be completed by 4/12/2011.

W237

- 1. For individuals 1-4, the type and frequency of data collection has been added to all IPP objectives.
- 2. For all residents, the type and frequency of data collection has been added to all IPP objectives.
- 3. In the future, the type and frequency of data collection has been added to all IPP objectives by the QMRP.
- 4. This will be completed by 4/12/2011.

W239

- For individuals 1-2, the replacement objectives have been amended as needed to ensure that they
 address the function of the behavior and provide a true replacement for the mal-adaptive behavior.
- 2. For all residents, the replacement objectives have been amended as needed to ensure that they address the function of the behavior and provide a true replacement for the mal-adaptive behavior.
- In the future, the replacement objectives will be created to address the function of the behavior and provide a true replacement for the mal-adaptive behavior by the QMRP.
- 4. This will be completed by 4/12/2011.

W252

- For individuals 1-4, the staff have been retrained on how to fill out the ABC forms with enough
 information on the antecedent, behavior, staff interventions, and consequences to allow the QMRP to
 assess the effectiveness of the interventions outlined in the training programs.
- For all residents, the staff have been retrained on how to fill out the ABC forms with enough information on the antecedent, behavior, staff interventions, and consequences to allow the QMRP to assess the effectiveness of the interventions outlined in the training programs.
- 3. All staff will be trained at the time of hire on the proper way to fill out an ABC form and any staff who fill out ABC forms incompletely or without the needed information more than 2 times in a month will be retrained on the proper way to fill out an ABC form and will fill out 2 sample ABC forms to ensure that they understand how to fill out the form. This will be completed by the AQMRP and QMRP and will be monitored by the Administrator.
- 4. This will be completed by 5/3/11.

W262

- For individuals 1-2, HRC approvals and Parental consents have been included for all restrictive interventions including 1:1 and/or close proximity supervision, and time out rooms used at school.
- 2. For all residents, HRC approvals and Parental consents have been included for all restrictive interventions including 1:1 and/or close proximity supervision, and time out rooms used at school if applicable.
- In the future HRC approvals and Parental consents will be obtained for all restrictive interventions
 including 1:1 and/or close proximity supervision, and time out rooms used at school if applicable. The

- AQMRP will prepare and submit the requests and the QMRP will review the files of all residents at least quarterly to ensure that all approvals and consents are in place.
- This will be completed by 5/3/11.

W263

- For individuals 1-2, HRC approvals and Parental consents have been included for all restrictive interventions including 1:1 and/or close proximity supervision, and time out rooms used at school.
- 2. For all residents, HRC approvals and Parental consents have been included for all restrictive interventions including 1:1 and/or close proximity supervision, and time out rooms used at school if applicable.
- 3. In the future HRC approvals and Parental consents will be obtained for all restrictive interventions including 1:1 and/or close proximity supervision, and time out rooms used at school if applicable. The AQMRP will prepare and submit the requests and the QMRP will review the files of all residents at least quarterly to ensure that all approvals and consents are in place.
- This will be completed by 5/3/11.

W266 - reter to W214, W227, W237, W239, W252, W276, W277, W279, W285, W289, W291

W276 - Refer to W279

W277

- 1. (and 2.) The Hierarchy of Behavior Interventions in the Policy and procedures Manual has been amended to include the use of a time out room at the school.
- 3. The QMRP will ensure that no interventions are used by outside resources including schools that are not included in our Hierarchy of Behavior Interventions that has been approved by our HRC. If needed and appropriate, the administrator will change the Hierarchy of Behavior Interventions and submit the new restrictive interventions for approval by the HRC.
- 4. This will be completed by 4/11/11.

W279 - refer to W277

W285

1. For individuals 1-2, The Administrator has worked with the Principal and IDT of their school to ensure that a policy is in place that anytime the students go into the Time Out Room, a staff member will ensure that they can see the students at all times and that anytime a student goes into a blind spot, the staff member will open the door to look at the student. The Principal has amended the school Time Out Rooms policy and has provided a copy of the amended policy to the administrator of Home Again ICF. The Administrator and QMRP met with the school IDT to educate them on the ICFMR regulations for time out rooms and to receive documentation of training of all school staff who work with Home Again ICF residents on the new policy. At the meeting, the team from the school told the Administrator and the QMRP that they would ensure that they could see or hear the resident and would only open the door if they couldn't see or hear the resident. The team from the school were educated on the federal ICFMR regulations that require staff to be able to see the residents at all times when they are in the time out room. The administrator explained that the residents could not use the time out room unless it was in compliance with the regulations. The administrator and QMRP were notified by the school team that the

residents could not be safe in the school without the use of the time out room and therefore could not attend the school if they could not use the time out room. The idea of using cameras was proposed but the school team stated that the district legal department would have to sign off on the use of cameras and that the district would have to approve funds to purchase and install the cameras if they were approved by the legal team and that this would take a very long time. The administrator offered to pay for cameras of mirrors to put in the room. The school team stated that mirrors in the room would be able to be taken down and used to break the window or hurt the residents. The administrator and QMRP are continuing to try to find a solution to help the school come into compliance with the federal regulations on time out rooms.

- 2. The Administrator will talk to the Principals of the other schools attended by Home Again ICF to ensure that the use of Time Out Rooms is not with our residents used at those schools. If they are, the administrator will ensure that the Time Out Rooms meet ICFMR regulations for Time Out Rooms before our residents are allowed to use them. This communication with the schools will be documented.
- 3. The administrator and QMRP will work with the school attended by residents #1-2 to help them come into compliance with the ICFMR regulations for time out rooms. The QMRP will observe in the classrooms and communicate with the teachers and principals of the schools that are attended by Home Again ICF residents at least quarterly to insure that all interventions used in the schools are integrated into our Hierarchy of Behavior Interventions and are within the ICFMR regulations.
- 4. This will be completed by 5/3/11.

W289

- (and 2.) All PBSP instructions for all behaviors for all residents will provide detailed instructions including
 what staff will do to prevent the behaviors, what replacement behaviors are being taught and how they
 will be taught, how staff will intervene if the behavior occurs, and what to do if the intervention is
 effective and if it is not.
- 3. All future training programs and plans for behaviors will include detailed instructions including what staff will do to prevent the behaviors, what replacement behaviors are being taught and how they will be taught, how staff will intervene if the behavior occurs, and what to do if the intervention is effective and if it is not. This will be completed by the IDT and monitored by the administrator.
- This will be completed by 4/17/2011.

W291 refer to W285

W406 Reter to W438

W438

- For individual #5, her door knob was replaced and is now fully operational to provide a safe exit in case of emergency.
- 2. All of the doors in the home were inspected by the administrator and the RSM and any door knobs that were loose were tightened or replaced as needed.
- The RSM will check all door knobs daily to ensure that all door knobs are functional and that all primary
 means of escape in case of emergency are operational and accessible. Any door knobs that are not
 operational will be replaced immediately.
- This was completed by 3/25/11.

MM164

- For individuals 1 and 2, the AQMRP will create new HRC and Parental Consents that are informed and
 accurately reflect the programs and interventions used as outlined in the PBSP including the medical plans
 of reduction.
- For all residents, the AQMRP will review all HRC and Parental Consents and ensure that that all consents are informed and accurately reflect the programs and interventions used as outlined in the PBSP including the medical plans of reduction.
- 3. The AQMRP will update the HRC and Parental Consents and submit them to be approved whenever the interventions and/or medical plans of reduction are changed. The AQMRP will review the HRC and Parental Consents quarterly and ensure that that all consents are informed, signed, not expired, and accurately reflect the programs and interventions used as outlined in the PBSP including the medical plans of reduction.
- 4. This will be completed by April 2S, 2011.

MM194

- 1. For individuals 1-2, HRC approvals and Parental consents have been included for all restrictive interventions including 1:1 and/or close proximity supervision, and time out rooms used at school.
- 2. For all residents, HRC approvals and Parental consents have been included for all restrictive interventions including 1:1 and/or close proximity supervision, and time out rooms used at school if applicable.
- 3. In the future HRC approvals and Parental consents will be obtained for all restrictive interventions including 1:1 and/or close proximity supervision, and time out rooms used at school if applicable. The AQWRP will prepare and submit the requests and the QWRP will review the files of all residents at least quarterly to ensure that all approvals and consents are in place.
- 4. This will be completed by 5/3/11.

MM196

- 1. For individuals 1-2, HRC approvals and Parental consents have been included for all restrictive interventions including 1:1 and/or close proximity supervision, and time out rooms used at school.
- 2. For all residents, HRC approvals and Parental consents have been included for all restrictive interventions including 1:1 and/or close proximity supervision, and time out rooms used at school if applicable.
- 3. In the future HRC approvals and Parental consents will be obtained for all restrictive interventions including 1:1 and/or close proximity supervision, and time out rooms used at school if applicable. The AQMRP will prepare and submit the requests and the QMRP will review the files of all residents at least quarterly to ensure that all approvals and consents are in place.
- This will be completed by 5/3/11.

MM197

1. For individuals 1-2, The Administrator has worked with the Principal and IDT of their school to ensure that a policy is in place that anytime the students go into the Time Out Room, a staff member will ensure that they can see the students at all times and that anytime a student goes into a blind spot, the staff member will open the door to look at the student. The Principal has amended the school Time Out Rooms policy and has provided a copy of the amended policy to the administrator of Home Again ICF. The Administrator and QMRP met with the school IDT to educate them on the ICFMR regulations for time out rooms and to receive documentation of training of all school staff who work with Home Again ICF residents on the new policy. At the meeting, the team from the school told the Administrator and the QMRP that they would ensure that they could see or hear the resident and would only open the door if

they couldn't see or hear the resident. The team from the school were educated on the federal ICFMR regulations that require staff to be able to see the residents at all times when they are in the time out room. The administrator explained that the residents could not use the time out room unless it was in compliance with the regulations. The administrator and QMRP were notified by the school team that the residents could not be safe in the school without the use of the time out room and therefore could not attend the school if they could not use the time out room. The idea of using cameras was proposed but the school team stated that the district legal department would have to sign off on the use of cameras and that the district would have to approve funds to purchase and install the cameras if they were approved by the legal team and that this would take a very long time. The administrator offered to pay for cameras of mirrors to put in the room. The school team stated that mirrors in the room would be able to be taken down and used to break the window or hurt the residents. The administrator and QMRP are continuing to try to find a solution to help the school come into compliance with the federal regulations on time out rooms.

- 2. The Administrator will talk to the Principals of the other schools attended by Home Again ICF to ensure that the use of Time Out Rooms is not with our residents used at those schools. If they are, the administrator will ensure that the Time Out Rooms meet ICFMR regulations for Time Out Rooms before our residents are allowed to use them. This communication with the schools will be documented.
- 3. The administrator and QMRP will work with the school attended by residents #1-2 to help them come into compliance with the ICFMR regulations for time out rooms. The QMRP will observe in the classrooms and communicate with the teachers and principals of the schools that are attended by Home Again ICF residents at least quarterly to insure that all interventions used in the schools are integrated into our Hierarchy of Behavior Interventions and are within the ICFMR regulations.
- 4. This will be completed by 5/3/11.

MM334

- 1. For individual #5, her door knob was replaced and is now fully operational to provide a safe exit in case of emergency.
- 2. All of the doors in the home were inspected by the administrator and the RSM and any door knobs that were loose were tightened or replaced as needed.
- The RSM will check all door knobs daily to ensure that all door knobs are functional and that all primary
 means of escape in case of emergency are operational and accessible. Any door knobs that are not
 operational will be replaced immediately.
- 4. This was completed by 3/25/11.

MM513 - Refer t W102

MM537

- (and 2.) Staff are being trained through a full staff meeting and individual training for staff identified as
 needing extra training on the documentation of behaviors to give enough detailed information on the
 behavior to give a good description of the antecedent, behavior, interventions and reactions to the
 interventions to show whether the interventions are being implemented as written and whether the plans
 are effective.
 - In the staff training sessions, the staff members will read the training program and then will be write a sample ABC on the behavior, what interventions they would use, and how they believe the resident would respond.

- The QMRP will review all ABC behavior documentation weekly and will make corrective actions as indicated including retraining staff when they do not accurately and thoroughly document the behavior on the ABC form.
- This will be completed by 4/15/11.

MM725 - Refer to M164, M194, M196, M197, M203, M537, M729, M730, M732, M733, M854, M866

MM729 - Refer to W227

MM730 - Refer to W214

MM732 - Refer to W230

MM733

- 1. For individuals 1, 2, and 3, the Administrator and QMRP have met with the schools that they attend and have given the schools copies of the updated IPPs, FUBAs, and recent assessments by IDT members. They will observe in the classrooms and assess the behaviors as they see them occur in the classroom. This will be documented. The administrator will talk to the principals of the schools and will ensure that the schools document the mal-adaptive behaviors with enough detail to document what interventions are used to address the behaviors, if those behaviors are effective, whether the behaviors are increasing or decreasing in frequency, severity or duration.
- 2. For all residents, the Administrator and QMRP have met with the schools that they attend and have given the schools copies of the updated IPPs, FUBAs, and recent assessments by IDT members. They will observe in the classrooms and assess the behaviors as they see them occur in the classroom. This will be documented. The administrator will talk to the principals of the schools and will ensure that the schools document the mal-adaptive behaviors with enough detail to document what interventions are used to address the behaviors, if those behaviors are effective, whether the behaviors are increasing or decreasing in frequency, severity or duration.
- 3. The QMRP will observe in the classrooms and communicate with the teachers and principals of the schools that are attended by Home Again ICF residents at least quarterly to insure that all interventions used in the schools are integrated into our Hierarchy of Behavior Interventions and are within the ICFMR regulations. The QMRP will give the schools copies of the IPPs and FUBAs as they are updated. The IPPs will include diagnosis and their symptoms, and current medications with doses and plans for reduction.
- 4. This will be completed by 5/3/11

MM854

- (and 2.) For all residents, the PBSPs have been updated to include information on the training programs
 on the type of data and frequency of which the data will be collected.
- All future training programs in the PBSP and updates to the PBSP training programs will include the type of data and frequency of which the data will be collected.
- This has been collected as of 4/9/11.

MM855 - Reter to W289

MM866 - Refer to W285